# **Return of Organization Exempt From Income Tax**

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

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

	Check if applicable	C Name of organization	D Employer identif	ication number
	Addre	SS WAINIM WAY CONCEDUANTON CODDODANTON		
	chang Name		39-20078	50
	chang Initial	G		
	return Final	Number and street (or P.O. box if mail is not delivered to street address)  Room/su	ite E Telephone numbe 414-264-	
	return/ termin			
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,089,454.
	return Applic	MILWAUKEE, WI 55205	H(a) Is this a group	
	tion pendir	F Name and address of principal officer: ANIONIO A. BOIIS	for subordinate	
_		SAME AS C ABOVE	H(b) Are all subordinates	
				a list. See instructions
	Websit		H(c) Group exemption	
			ear of formation: 2000	M State of legal domicile: WI
P	art I	Summary	II HODIIG EDOM	
ø	1	Briefly describe the organization's mission or most significant activities: WALNUT WA		
Governance		STRENGTHS-BASED PROGRAMMING AND IS CALLED TO		
j.	2	Check this box if the organization discontinued its operations or disposed of mo	1	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		
		Number of independent voting members of the governing body (Part VI, line 1b)		
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		40
:≣	6	Total number of volunteers (estimate if necessary)		0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	•	
			Prior Year	Current Year
<u>Φ</u>	8	Contributions and grants (Part VIII, line 1h)	1,903,387.	
enr	9	Program service revenue (Part VIII, line 2g)	536,507.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,680.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,569,588.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,250.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	-
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	721,397.	<del> </del>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,598,669.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,342,316.	
		Revenue less expenses. Subtract line 18 from line 12	227,272.	-671,449.
Net Assets or	9		Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	6,992,909.	5,942,330.
T.As	21	Total liabilities (Part X, line 26)	913,815.	
		Net assets or fund balances. Subtract line 21 from line 20	6,079,094.	5,141,193.
	art II	Signature Block		
		Ities of perjury, I declare that have examined this return, including accompanying schedules and state		y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	
		Cignature of officer	Doto	
Sig		Signature of officer	Date 4/2	/2025
He	re	ANTONIO A. BUTTS, EXECUTIVE DIR.  Type or print name and title		
			Data Johns	PTIN
		Print/Type preparer's name Preparer's signature	Date Check	
Pai		RENEE MESSING RENEE MESSING	04/02/25 self-emplo	
	parer	Firm's name RITZ HOLMAN LLP	Firm's EIN	39-0919055
Use	Only	Firm's address 330 E. KILBOURN AVE, SUITE 222	44	A 071 1AF1
_		MILWAUKEE, WI 53202	Phone no. 4 1	.4-271-1451
		RS discuss this return with the preparer shown above? See instructions		X Yes No
LH	A For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form <b>990</b> (2023)

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Га	Statement of Frogram dervice Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WALNUT WAY CONSERVATION CORP. IS A RESIDENT-LED NEIGHBORHOOD	
	ORGANIZATION IN NORTH SIDEMILWAUKEE'S LINDSAY HEIGHTS NEIGHBORH	OOD
	THAT IS COMMITTED TO SUSTAINING AN ECONOMICALLY DIVERSE COMMUNI	TY
	THROUGH CIVIC ENGAGEMENT, ENVIRONMENTAL STEWARDSHIP, AND CREATI	NG
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 ex	
	revenue, if any, for each program service reported.	porrece, arra
4a	(Code:) (Expenses \$ 460 , 879 including grants of \$ ) (Revenue \$	183,516.
	ECONOMIC DEVELOPMENT ACTIVITIES INCLUDE TASTE OF LINDSAY HEIGH	
	DESIGNAWAY AND WELLNESS AND INNOVATION COMMONS. THESE ACTIVITIE	
	PROVIDE TRAINING AND A PATHWAY TO EMPLOYMENT AND NEIGHBORHOOD	
	PROSPERITY IN A COMMUNITY WHERE THE UNEMPLOYMENT RATE IS THREE	TTMES
	THE NATIONAL AVERAGE. THE PROGRAM TRAINS AND EMPLOYS RESIDENTS	
	TRADITIONALLY FACED EMPLOYMENT CHALLENGES AND PROVIDE SERVICES	
	RESIDENTS.	
	11010111110	
	WEALTH, IN OUR VIEW, IS NOT JUST ABOUT INDIVIDUAL PROSPERITY, B	UT ABOUT
	COLLECTIVE ECONOMIC DEVELOPMENT. WE SUPPORT SMALL BUSINESSES,	01 110001
	ADMINISTER A NEIGHBORHOOD IMPROVEMENT DISTRICT, AND REHABILITAT	E.
	RESIDENTIAL FORECLOSURES INTO AFFORDABLE HOMEOWNERSHIP OPPORTUN	
4b	(Code:) (Expenses \$ 428 , 706 • _ including grants of \$ ) (Revenue \$	
	COMMUNITY ENGAGEMENT RESIDENT-LED PROGRAMMING AT WALNUT WAY ENG.	AGES
	NEIGHBORS TO INCREASE COMMUNITY KNOWLEDGE AND AWARENESS AND ADD	
	BARRIERS THAT INHIBIT EQUITABLE HEALTH POLICY, PREVENTION, AND	
	PRACTITIONER ACCESS. WALNUT WAY'S ADVOCACY AND ENGAGEMENT GOALS	ARE
	FOCUSED UPSTREAM TO AFFECT CHANGE ON THE SYSTEMIC ASPECTS OF O	
	RESIDENTS FACE TO IMPROVE HEALTH AND WELLNESS IN LINDSAY HEIGHT	
	ACROSS MILWAUKEE.	
	WELLNESS IS A FOUNDATIONAL ASPECT OF OUR COMMUNITY ENGAGEMENT W	ORK. WE
	UNDERSTAND THAT A HEALTHY COMMUNITY IS AN ENGAGED COMMUNITY.	
	WE FOSTER WELLNESS THROUGH VARIOUS INITIATIVES SUCH AS OUR WELL	NESS
4c	(Code:) (Expenses \$	223,137.
	ENVIRONMENTAL STEWARDSHIP AND ENVIRONMENTAL JUSTICE ISSUES ARE .	A
	SIGNIFICANT FOCUS. WORK, IN OUR CONTEXT, GOES BEYOND JUST JOB C	REATION;
	IT'S CLOSELY TIED TO ENVIRONMENTAL STEWARDSHIP. THROUGH INITIAT	IVES
	LIKE OUR GREEN INFRASTRUCTURE PROGRAMS, RESIDENTIAL AND COMMERC	IAL
	ENERGY EFFICIENCY PILOTS, AND OUR GREEN JOBS INITIATIVE, WE PRO	VIDE
	OPPORTUNITIES FOR MEANINGFUL WORK THAT ALSO CONTRIBUTES TO A MO	RE
	SUSTAINABLE ENVIRONMENT.	
	THIS APPROACH IS EMBODIED IN OUR BUSINESSES LIKE BLUE SKIES	
	LANDSCAPING, WHERE WE GENERATE REVENUE WHILE ENHANCING OUR COMM	UNITY'S
	GREEN SPACES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 257,311. including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 1,985,747.	•

# Form 990 (2023) WALNUT WAY CONSERVATION CORPORATION 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)?		7.7	
	If "Yes," complete Schedule A	1	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L

Form 990 (2023) WALNUT WAY CONSERVATION CORPORATION
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?  f	00-		<sub>V</sub>
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 30	21	<u> </u>
	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 1a 58			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

023) WALNUT WAY CONSERVATION CORPORATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

			Yes	No
<b>2</b> a	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	1	37	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		X
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	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).			
52		5a		х
b		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	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.	13a		
h	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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) WALNUT WAY CONSERVATION CORPORATION 39-2007850 Page 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			X
Sec	tion A. Governing Body and Management			
	1 1	_	Yes	No
1a	3 3 7	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	<u>3</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	Х	37
13	Did the organization have a written whistleblower policy?	13	37	_X_
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		
b	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	406		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)e only	availal	nle
10	for public inspection. Indicate how you made these available. Check all that apply.	,s orny)	avallal	216
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd finan	cial	
13	statements available to the public during the tax year.	iu iiiiall	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_5	ANTONIO BUTTS - 414-264-2326			
	2240 N. 17TH STREET MILWAUKEE WI 53205			

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

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

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

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

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

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

(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANTONIO BUTTS	40.00	-		,,				70.000	_	26 252
EXECUTIVE DIR.	1 00		_	Х				70,000.	0.	26,950.
(2) LAVONDA L GRAHAM PRESIDENT	1.00	Х		х				0.	0.	0
(3) HEIDI MOORE	1.00	Δ		^				0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(4) ANNIE ROBINSON	1.00	Λ						<b>U</b> •	0.	0.
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(5) MONIQUE GRAHAM	1.00	77						<b>U•</b>	0.	0.
SECRETARY	1.00	х		Х				0.	0.	0.
(6) X'ZAYVION MCCOY	1.00	-25						•	•	•
TREASURER		х		х				0.	0.	0.
(7) EMONIA BARNETT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) EARL INGRAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DEA WRIGHT	1.00									
BOARD MEMBER		Х						0.	0.	0.
	L	1						I		

332007 12-21-23 Form **990** (2023)

Name and title Average hours per week   Compensation   Compensatio	Pal	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
Description from the comparization from the		(A)	(B)							(D) (E)				(F)	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from related organizations.   Total number of individual for services   Total number of independent contractors.   Total number of independent contractors.   Total number of individual for services.   Total number of individual f		Name and title	Average						one	Reportable	Reportable		E:	stimate	ed
hours for related organization below line)  1b Subtotal  1 Total from continuation sheets to Part VII, Section A  2 Total gold lines 1b and 1c)  3 Did the organization is any former officer, director, trustee, key employee, or highest compensation from the organization and other compensation from the organization and related and related organization and other compensation from the organization remains and related organization is a ray younger officer, director, trustee, key employee, or highest compensated employee or line is 12 ff Yes, "complete Schedule J for such individual" is all a law in the organization and other compensation from the organization remains or the organization and other compensation from the organization remains the organization and other compensation from the organization remains of the organization remains the organization remains of the organization remains the organization remains of the organization remains			hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensatio	n	ar	nount	of
Pour for related organizations   Pour form the organization   Pour form the organizations   Pour form the organization   P				offi	cer ar	nd a di	irecto	or/trus	tee)	from	from related	1		other	
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c Total from continuation sheets to Part VII, Section A 70,000 0 0 0 0 26,950 0  Total (add lines 1b and 1c) 0 0 0 26,950 0  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  O Yes No  Including 1a? If "Yes," complete Schedule J for such individual  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? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1b	Subtotal								70,000.		0.	2	6,9	50.
d Total (add lines 1b and 1c)		Total from continuation sheets to Part VI	I. Section A 0 .							0.					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No	d									70,000.		0.	2	6,9	50 <b>.</b>
compensation from the organization    Yes   No										eceived more than \$100.	000 of reportable	, 			
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  NONE  Description of services  7 Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	_	_						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0
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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? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	3		•	-	•	•	•		•		•				v
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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  NONE  Bescription of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	_	•											3		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4												_		37
rendered to the organization? If "Yes." complete Schedule J for such person 5  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) (B) (C) Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than													4		Λ
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the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  None and business address None Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	Sec	tion B. Independent Contractors													
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fr	om	
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		(A)								(B)			(0	C)	
		Name and business	address	NO	INC	3				Description of s	ervices	С			n
									寸						
									$\dashv$						
									$\dashv$						
					٠.,										
	2			ot IIr	nited	of to	_		ted	above) who received mo	ore than				

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
s s	1 :	a Federated campaigns 1a	18,921.				
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership dues 1b					
Ω. E		Fundraising events 1c					
ifts ar A	,	d Related organizations 1d					
s, G		Government grants (contributions)	36,015.				
Sign	1	All other contributions, gifts, grants, and					
but			567,818.				
Ē	,	Noncash contributions included in lines 1a-1f					
a S	ı	Total. Add lines 1a-1f		1,622,754.			
			Business Code				
g.	2 :	BLUE SKIES SERVICE REV	900099	223,137.	223,137.		
Ş	1	PRODUCT SALES	624200	20,688.	20,688.		
Se		PRODUCT SALES	459900	18,570.	18,570.		
an		1					
Program Service Revenue	(						
<u>r</u>	1	All other program service revenue					
		Total. Add lines 2a-2f		262,395.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		36.			36.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6						
	- 1	Less: rental expenses 6b 0.					
	(	Rental income or (loss) 6c 192,599.					
	(	Net rental income or (loss)		192,599.	144,258.		48,341.
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	١	Less: cost or other basis					
her Revenue		and sales expenses					
Ş.	(	Gain or (loss) 7c					
æ		d Net gain or (loss)					
ige	8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See	4 000				
		Part IV, line 18 8a	4,880.				
		Less: direct expenses	3,666.	1 214			1 21 4
		Net income or (loss) from fundraising events		1,214.			1,214.
	9 ;	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
$\dashv$		Net income or (loss) from sales of inventory	Business Code				
sn	11 .	MISCELLANEOUS	900099	6,790.			6,790.
Miscellaneous Revenue	11 (	miscellaneous	,,,,,	0,150•			<u> </u>
ella Ven							
Sce		d All other revenue					
Σ		Total. Add lines 11a-11d		6,790.			
	12	Total revenue See instructions		2.085.788.	406.653.	0.	56 381.

### 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 (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 54,500. 54,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 5,975. 5,975. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 96,950. 42,000. 54,950. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 703,883. 603,829. 100,054. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,387. 3,953. 14,434. Other employee benefits 9 65,597. 55,186. 10,411. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 612,235. 391,503. 220,732. column (A), amount, list line 11g expenses on Sch O.) 23,552. 3,069. 20,483. Advertising and promotion 12 37,048. 10,019. 27,029. 13 Office expenses Information technology 14 Royalties 15 51,456. 51,456. 16 Occupancy 4,919. 2,649. 2,270. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19,111. 17,369. 1,742. Conferences, conventions, and meetings 19 1.710. 47,781. 46,071. 20 Payments to affiliates 21 303,815. 259,411. 44,404. Depreciation, depletion, and amortization 22 18,320. 64,444. 46,124. 23 Other expenses. Itemize expenses not covered 24 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.) 278,370. 278,370. AFFORDABLE HOUSING REHA PROGRAM MATERIALS & SUP 103,303. 68,026. 35,277. 78,469. 80,408. 1,939. SECURITY 31,256. 54,120. 22,864. d EQUIPMENT RENTAL AND MA 131,383.74,888. 56,495. e All other expenses \_ 2,757,237. 1,985,747. 771,490. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			631,136.	1	327,254.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			338,923.	3	75,000.
	4	Accounts receivable, net			164,470.	4	95,750.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			5,792.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,992,936.			
	b		10b	1,562,619.	5,852,588.	10c	5,430,317.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	0.	15	14,009.		
	16	Total assets. Add lines 1 through 15 (must equa	I line 3	33)	6,992,909.	16	5,942,330.
	17	Accounts payable and accrued expenses			255,343.	17	131,459.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
jab		controlled entity or family member of any of these			655 000	22	645 014
_	23	Secured mortgages and notes payable to unrelate			657,222.	23	647,214.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	1 050		22 464
				·····	1,250.	25	22,464.
	26	Total liabilities. Add lines 17 through 25		77	913,815.	26	801,137.
S		Organizations that follow FASB ASC 958, chec	k her	e X			
၁င		and complete lines 27, 28, 32, and 33.			6 070 004		F 141 102
alaı	27			·····	6,079,094.	27	5,141,193.
ă	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 95	8, che	eck here			
P.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ				30	
χ¥	31	Retained earnings, endowment, accumulated inc			6,079,094.	31	5,141,193.
ž	32	Total net assets or fund balances			6,079,094.	32	
	33	Total liabilities and net assets/fund balances			0,334,309.	33	5,942,330.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,75	7,2	<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-67		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(	5,07	9,0	94.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7		-26	6,4	52.
8 Prior period adjustments 8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	į	5,14	1,1	93.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

### WALNUT WAY CONSERVATION CORPORATION 39-2007850 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	760,274.	1572360.	1311310.	1903387.	1622754.	7170085.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	760,274.	1572360.	1311310.	1903387.	1622754.	7170085.
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.						7170085.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	760,274.	1572360.	1311310.	1903387.	1622754.	7170085.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	33,024.	8,383.	225.	14.	36.	41,682.
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.)	665,885.	825,847.	1195818.	666,187.	462,998.	3816735.
11	<b>Total support.</b> Add lines 7 through 10						11028502.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	_
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	65.01 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	60.24 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and <b>stop here.</b> The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- <b>2023.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- <b>2022.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	llifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т			T	ı	_
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01(a)(0) augustisatis	
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, (,,				16	%
	ction D. Computation of Inves					,	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	2		,	,			

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	<b></b> -		
	5b 5c		
	33		
	6		
	7		
	8		
	9a		
	9b		
	συ		
	9с		
	10a		
	401-		
ule	10b A (Forn	n 990)	2023
	,		

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

2b

За

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ıed)	2 2 0 7 0 2 0 1 age 7
	on D - Distributions	( ) ( ) ( ) ( )	Contine	100)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	ı	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$			-	
	Applied to underdistributions of prior years			_	
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2023. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
۳	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

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

# (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: SPECIAL EVENTS 2019 AMOUNT: \$ 1,000. -969. 2021 AMOUNT: \$ 2022 AMOUNT: \$ \_\_\_\_\_ 1,214. 2023 AMOUNT: \$ OTHER INCOME 2019 AMOUNT: \$ 9,364. 15,796. 2020 AMOUNT: \$ 2022 AMOUNT: \$ 7,848. 2023 AMOUNT: \$ 6,790. RENTAL INCOME 98,127. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 151,335. 2022 AMOUNT: \$ 123,837. 2023 AMOUNT: \$ 192,599. GROSS RECEIPTS FROM RELATED ACTIVITIES 2019 AMOUNT: \$ 655,521. 2020 AMOUNT: \$ 711,924. 2021 AMOUNT: \$ 1,045,452. 2022 AMOUNT: \$ 536,507. 2023 AMOUNT: \$ 262,395.

332028 12-21-23 Schedule A (Form 990) 2023

# **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

Inspection

Name of the organization

WALNUT WAY CONSERVATION CORPORATION

**Employer identification number** 39-2007850

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
<b>D</b> -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pai	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

Sche	dule D		NAY CONSER						39-20	07850	) <sub>Pa</sub>	age 2
Par	t III	Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	imila	Assets	(contin	nued)	
3	Using	the organization's acquisition, accessic	on, and other record	s, check	any of the	following that	make signi	ficant ι	use of its			
	collec	ction items (check all that apply).										
а		Public exhibition	c	i	Loan or exc	change progra	m					
b		Scholarly research	e	• 🗌	Other							
С		Preservation for future generations										
4	Provid	de a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exempt	purpo	se in Part	XIII.		
5	Durin	g the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	r similar as	sets				_
		sold to raise funds rather than to be ma	intained as part of t	he orgar	ization's co	llection?				Yes		No
Par	t IV	Escrow and Custodial Arrang		te if the	organizatior	n answered "Y	es" on For	m 990,	Part IV, li	ne 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a	Is the	organization an agent, trustee, custodia	an, or other intermed	diary for	contributior	ns or other ass	sets not inc	luded		_		_
		orm 990, Part X?							L	Yes		No
b	If "Ye	s," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
										Amount	t	
	-	ning balance						1c				
		ions during the year						1d				
е		butions during the year						1e				
f		ng balance						1f				
		ne organization include an amount on Fo					-		L	<b>」Yes</b>	L	∐ No
		s," explain the arrangement in Part XIII.										
Par	ιv	Endowment Funds Complete if				1		Thuas	.aaua baali	(-) Farm		h a alı
		<del> </del>	(a) Current year	(b) P	rior year	(c) Two years	s dack (d)	Three y	ears back	(e) Four	years	раск
	-	ning of year balance										
		ibutions										
		nvestment earnings, gains, and losses										
		s or scholarships										
е		expenditures for facilities										
_	-	orograms										
		nistrative expenses										
g		of year balance		. /:		\\						
2		de the estimated percentage of the curre	•	•	), column (a	)) neid as:						
a		d designated or quasi-endowment	%	_%								
b		anent endowment	% %									
C		endowment9 percentages on lines 2a, 2b, and 2c shou	=									
22		nere endowment funds not in the posses		ation tha	t are hold a	nd administar	ad for the					
Sa		nization by:	ssion of the organiza	ation tha	t are rielu ai	na administere	ed for title			٦	Yes	No
	-	•								3a(i)		
	. ,									3a(ii)		
h	٠,	s" on line 3a(ii), are the related organizat	tions listed as requir							3b		
4		ribe in Part XIII the intended uses of the								OD		
Par		Land, Buildings, and Equipme		WITICITE	urius.							
		Complete if the organization answered		), Part IV	, line 11a. S	See Form 990.	Part X, line	e 10.				
		Description of property	(a) Cost or o	-		t or other	(c) Accu		ed	(d) Bool	k valu	—— е
		2 300 i pilotority	basis (investr			(other)		ciation	-	(4, 500)	. vaid	-
1a	Land		Ì	•		8,756.				138	3,7	56.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,756.		138,756.
<b>b</b> Buildings		6,465,103.	1,350,383.	5,114,720.
c Leasehold improvements		389,077.	212,236.	176,841.
<b>d</b> Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	5,430,317.			

Schedule D (Form 990) 2023

Sched	ule D (Form 990) 2023	WALNUT WA	Y CONSERVATION	CORPORATION	39-2007850 Page <b>3</b>
Part					
	Complete if the organ	ization answered "`	Yes" on Form 990, Part IV, lin	e 11b. See Form 990, Part X,	line 12.
<b>(a)</b> D	escription of security or category	y (including name of secu	rity) <b>(b)</b> Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Fir	nancial derivatives				
(2) Cld	osely held equity interests				
(3) Ot	her				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (	Col. (b) must equal Form 990, P	art X, line 12, col. (B)	)		
Part	VIII Investments - Pr	ogram Related	d.		
	Complete if the organi	ization answered "`	Yes" on Form 990, Part IV, lin	e 11c. See Form 990, Part X,	
	(a) Description of inv	vestment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (	Col. (b) must equal Form 990, P	art X, line 13, col. (B)	)		
Part	IX Other Assets				
	Complete if the organi	ization answered "`	Yes" on Form 990, Part IV, lin	e 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, line 1	5, col. (B))		
Part					
	Complete if the organi	ization answered "`	Yes" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, P	Part X, line 25.
1.	(a) Desc	cription of liability			(b) Book value
(1)					
(2)	SECURITY DEPOS		REPAID RENT		7,550.
(3)	LEASE LIABILIT	Ϋ́			14,914.
(4)					
(5)					
(6)	<del></del>	<del></del>	<del></del>		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS AND PREPAID RENT	7,550. 14,914.
(3)	LEASE LIABILITY	14,914.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	22,464.

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

Schedule D (Fo	rm 990) 2023	WALINUT.	WAY	CONSERVATIO	N CORPO	DRATION	
Part XI R	econciliation o	f Revenue p	er Au	dited Financial St	atements	With Revenue	per Re

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,085,788.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,085,788.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,085,788.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	Retur	n

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,757,237. Total expenses and losses per audited financial statements 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 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e 2,757,237 Subtract line 2e from line 1 3 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.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

#### 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.

#### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT HAS REVIEWED ALL TAX POSITIONS RECOGNIZED IN PREVIOUSLY FILED TAX RETURNS AND THOSE EXPECTED TO BE TAKEN IN FUTURE TAX RETURNS. AS OF DECEMBER 31, 2023, THE ORGANIZATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR. THE ORGANIZATION IS CURRENTLY NOT UNDER AUDIT BY ANY FEDERAL OR STATE TAXING AUTHORITY.

Schedule D (Form 990) 2023	WALNUT WAY	CONSERVATION	CORPORATION	39-2007850	Page <b>5</b>
Schedule D (Form 990) 2023  Part XIII   Supplemental Info	ormation (continued)				
	•				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WALNUT WA	Y CONSERVA	ATION CORPOR	RATION				Employer identification number $39-2007850$
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	stance? ocedures for monito	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOR HIM MINISTRIES 2544 N 27TH STREET MILWAUKEE, WI 53210			10,000.	0.			ENVIRONMENTAL JUSTICE INITIATIVE
METCALF COMMUNITY BRIDGES 3624 W NORTH AVENUE MILWAUKEE, WI 53208	81-2101846		10,000.	0.			ENVIRONMENTAL JUSTICE
TABERNACLE BAPTIST CHURCH 2500 W MEDFORD AVENUE MILWAUKEE, WI 53206			10,000.	0.			ENVIRONMENTAL JUSTICE INITIATIVE
WISCONSIN ENVIRONMENTAL JUSTICE			6,500.	0.			ENVIRONMENTAL JUSTICE INITIATIVE
2 Enter total number of section 501(c)(3) at	l nd government org	anizations listed in the	line 1 table			l	6.

3 Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, Fiviv, appraisal, other)	
Part IV Supplemental Information. Provide the informati	ion required in Part I, line	e 2; Part III, columr	h (b); and any other ad	ditional information.	
PART I, LINE 2:		, ,			
PART 1, LINE 2:					
GRANTS ARE MADE TO PARTICIPATING	G ORGANIZATI	ONS IN TH	E ENVIRONME	NTAL JUSTICE	
EFFORTS. THE USE OF THESE FUNDS	IS MONITORE	D THROUGH	NARRATIVE :	REPORTING	
AND COLLABORATION MEETINGS.					

## SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WALNUT WAY CONSERVATION CORPORATION

Employer identification number 39-2007850

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SINCE ITS PURPOSEFUL BEGINNINGS, WALNUT WAY HAS RECLAIMED ITS
NEIGHBORHOOD, DRIVEN OUT CRIME, AND CREATED A CLOSE-KNIT NEIGHBORHOOD
OF COMPASSIONATE AND INVOLVED RESIDENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VENUES FOR PROSPERITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THESE INITIATIVES CONTRIBUTE TO COMMUNITY WEALTH BY ENHANCING ECONOMIC
MOBILITY, INCREASING ACCESS TO RESOURCES, AND PROMOTING LOCAL
ENTREPRENEURSHIP.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMONS SPACE, SENIOR HOME REPAIR PROGRAM, AND ADVOCACY FOR FAIR ENERGY
POLICIES. BY CREATING A SAFE AND HEALTHY ENVIRONMENT, WE EMPOWER
RESIDENTS TO ACTIVELY PARTICIPATE IN DECISION-MAKING PROCESSES AND
COMMUNITY ACTIVITIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COALITION ON LEAD EMERGENCIES AND SPECIAL PROJECTS AND INITIATIVES.
EXPENSES \$ 257,311. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - EXECUTIVE DIRECTOR REVIEWS THE 990 AND THEN SENDS

Schedule O (Form 990) 2023 Page **2** 

Schedule O (Form 990) 2023	Page
Name of the organization WALNUT WAY CONSERVATION CORPORATION	Employer identification number 39-2007850
THE 990 TO THE BOARD PRIOR TO SUBMISSION	
FORM 990, PART VI, SECTION B, LINE 12C:	
DURING 2019, A FORMAL ORGANIZATIONAL ASSESSMENT WAS COMPLE	ETED. THE
ASSESSMENT ADDRESSED BOARD GOVERANCE (STRUCTURE, TRAINING	AND DEVELOPMENT),
RE-TOOLING AND GROWING STAFF AND RESOLVING PERCEIVED AND	POTENTIAL AREAS OF
CONFLICT OF INTEREST. THE ORGANIZATION UTILIZED THIS ASSE	SSEMNT IN 2019 AND
2020 TO IMPLEMENT VARIOUS CHANGES AND INTENDS TO CONTINUE	TO UTILIZE THE
CONFLICT OF INTEREST PROCESS IN FUTURE YEARS.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXTERNAL HR CONSULTANT RESEARCH AND MARKET DATA ANALYSIS	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC	DONORS AND
INTERESTED ORGANIZATIONS THAT REQUEST THEM.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	309,054.
MANAGEMENT AND GENERAL EXPENSES	78,756.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	387,810.
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	82,449.
MANAGEMENT AND GENERAL EXPENSES	141,976.
FUNDRAISING EXPENSES	0.
332212 11-14-23	Schedule O (Form 990) 202

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  WALNUT WAY CONSERVATION CORPORATION	Employer identification number 39-2007850
TOTAL EXPENSES	224,425.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	612,235.
LINE 2C	
THE ORGANIZATION HAS ESTABLISHED A FINANCE COMMITTEE TO OVER	VERSEE THE
AUDIT PROCESS. THE COMMITTEE HOLDS A DISCUSSION WITH THE A	AUDITOR AT THE
START OF THE PROCESS AS WELL AS A MEETING TO DISCUSS THE F	RESULTS AT THE
CONCLUSION OF THE AUDIT. THE FINANCE COMMITTEE REPORTS THE	E STATUS TO
THE BOARD.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

WALNUT WAY CO	NSERVATION CORPORA	TION				39-20078	350	airibei
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	assets	Direct o	(f) controlling ntity	9
WELLNESS COMMONS LLC - 39-1639407 1617 W. NORTH AVENUE MILWAUKEE, WI 53205	COMMERCIAL RENTAL TO BENEFIT COMMUNITY	WISCONSIN				WALNUT WAY O	CONSERV	ATION
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more	e related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	g) 512(b)(13) rolled :ity?
		rereight country,		501(c)(3))			Yes	No
	_							

		0 11 100	"\" F 000 B 1		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part	t IV, line 34, because it had one or more relat	.ea
Partill	organizations treated as a partnership during the tax year.				
	organizations treated as a partitioning and tax years				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income end-of-year assets    Disproportionate allocations?   Disproportionate and of the proportion of the pro	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or P ging er?	Percentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	_											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in	Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a					
b	Gift, grant, or capital contribution to related organization(s)				1b					
С	Gift, grant, or capital contribution from related organization(s)				1c					
	Loans or loan guarantees to or for related organization(s)				1d					
	Loans or loan guarantees by related organization(s)				1e					
f	Dividends from related organization(s)				1f					
g	Sale of assets to related organization(s)				1g					
h	Purchase of assets from related organization(s)				1h					
	Exchange of assets with related organization(s)				1i					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j					
-										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k					
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11					
m Performance of services or membership or fundraising solicitations by related organization(s)										
					10					
р	p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses				1q					
r	Other transfer of cash or property to related organization(s)				1r					
					1s					
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered rel	lationships and transaction thresholds.						
	(a)  Name of related organization	(b) Transaction	(c) Amount involved	<b>(d)</b> Method of determining amount ii	nvolved					
		type (a-s)								
1)										
2)										
3)										
4)										
5)										
6)										
2016	0.00.00			Schodul	a D /Earm	000/ 2022				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

332165 09-28-23 Schedule R (Form 990) 2023

# Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 39-2007850 WALNUT WAY CONSERVATION CORPORATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2240 N. 17TH STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 53205 MILWAUKEE, WI Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ANTONIO BUTTS 2240 N. 17TH STREET - MILWAUKEE, WI 53205 Telephone No. 414-264-2326 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.