TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For	
	Laura Baker School Association 211 Oak Street Northfield, MN 55057
Prepared By:	
	LB CARLSON, LLP 605 HIGHWAY 169, SUITE 650 MINNEAPOLIS, MN 55441
Amount Due	or Refund:
	Not applicable
Make Check F	Payable To:
	Not applicable
Mail Tax Retu	rn and Check (if applicable) To:
	Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-TE and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

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FOR THE YEAR ENDING

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	Laura Baker School Association 211 Oak Street Northfield, MN 55057	
Prepared B	Ву:	
	LB CARLSON, LLP 605 HIGHWAY 169, SUITE 650 MINNEAPOLIS, MN 55441	
Amount Du	ue or Refund:	
	No amount is due.	
Make Chec	k Payable To:	
	No amount is due.	
Mail Tax Re	eturn and Check (if applicable) To:	
	Not applicable	

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-TE and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

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

	nt of the Treasury evenue Service		Go		n8879TE for the latest in			
Name of							EIN or SSN	
	LAURA :	BAKER S	СНОО	L ASSOCIATIO	ON		41-12	291483
Name an	d title of officer or pe	rson subject to	tax S	ANDRA GERDE	S			
	_			XECUTIVE DI	RECTOR			
Part	Type of I	Return and	d Retu	rn Information				
Form 53 or 10a t whiche	330 filers may enter below, and the amo	dollars and ount on that li	cents. Fo	or all other forms, enter e return being filed with	n this form was blank, the	check the been leave line	ox on line 1a, 2a, 3 1b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a
	Form 990 check h	ere	X ı	b Total revenue, if an	y (Form 990, Part VIII, co	lumn (A), line	: 12)	1b <u>5,958,390</u> .
	Form 990-EZ che							2b
3a	Form 1120-POL o	heck here			0-POL, line 22)			
4a	Form 990-PF che	ck here			tment income (Form 99			4b
5a	Form 8868 check	here		b Balance due (Form	8868, line 3c)			5b
6a	Form 990-T check	k here						6b
7a	Form 4720 check	here		b Total tax (Form 472	0, Part III, line 1)			7b
8a	Form 5227 check	here		b FMV of assets at er	nd of tax year (Form 522	.7, Item D)		8b
9a	Form 5330 check	here		b Tax due (Form 5330), Part II, line 19)			9b
	Form 8038-CP ch				ayment requested (Forn			10b
Part					f Officer or Person			
					ove entity or 🔲 I am a			
					, (EIN) and, to the best of my kno			
finańcia later tha paymer persona PIN: ch	I institution to debi an 2 business days at of taxes to receiv	t the entry to prior to the p e confidentia nber (PIN) as	this acco payment I informa my signa	ount. To revoke a paym (settlement) date. I also tion necessary to answ ture for the electronic r	n software for payment of tent, I must contact the Lo authorize the financial in rer inquiries and resolve is return and, if applicable, t	J.S. Treasury nstitutions inv ssues related the consent t	Financial Agent at volved in the proces to the payment. It to electronic funds	1-888-353-4537 no ssing of the electronic have selected a withdrawal.
L	.」 I authorize <u>⊔b</u>	CAKLSC	м, ц				to enter my P	Enter five numbers, but
				ERO firm n	ате			do not enter all zeros
	with a state ager on the return's d As an officer or p return. If I have i	ncy(ies) regula isclosure cor person subject ndicated with	ating chansent scr to tax voin this re	urities as part of the IRS een. with respect to the enti eturn that a copy of the	n. If I have indicated with Fed/State program, I als ty, I will enter my PIN as return is being filed with sclosure consent screen.	so authorize t my signature	the aforementioned	ERO to enter my PIN 23 electronically filed
Signature Part	of officer or person subject	et to tax tion and A	uthent	tication			Date	
ERO's	EFIN/PIN. Enter yo	ur six-diait el	ectronic	filing identification				
	(EFIN) followed by	-		-		1124355 Oo not enter al		
submitt		-			on the 2023 electronically 63, Modernized e-File (Me		on for Authorized IR	
ERO's si	gnature					Date _	06/05/24	
		D - 11			his Form - See Inst		- D- C-	
					the IRS Unless Rec	juestea 10	DO 20	Form 8879-TE (2023)
⊢or Driv	iacy Act and Dane	PWORK Doding	ntion An	t Notice, see instructi	nne			Lorm (30) 49-1 [(20)22)

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

	onic filing (e-file). You can electronically file Form 8868 to			-		
listed b	below except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts. A	An extension	
reques	t for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filing	g of Form	
8868, v	risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.				
Cautio	n: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE fe	or payment
instruc	tions.					
All corp	porations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts	
must u	se Form 7004 to request an extension of time to file income	e tax retur	ns.			
Part I	Identification					
Туре	r Name of exempt organization, employer, or other filer	see instru	uctions.	Taxpayer	r identification nu	ımber (TIN)
Print						
	LAURA BAKER SCHOOL ASSOCIAT	ION			41-1291	483
File by th due date		e instruct	ions.			
filing you return. Se	211 OAK STREET					
instructio		reign addı	ess, see instructions.			
	NORTHFIELD, MN 55057	J				
Enter t	he Return Code for the return that this application is for (file	a separat	e application for each return)			01
Applic	ation Is For	Return	Application Is For			Return
• •		Code				Code
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09
	720 (individual)	03	Form 5227			10
Form 9	·	04	Form 6069			11
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	90-T (trust other than above)	06	Form 5330 (individual)			13
	90-T (corporation)	07	Form 5330 (other than individual)			14
Form 1	• •	08	· · · · · · · · · · · · · · · · · · ·			
	you enter your Return Code, complete either Part II or Part	III. Part II	. including signature, is applicable o	nlv for an	extension of	
	file Form 5330.		, 3 3 , 11	,		
	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
	Plan Name		3			
	Plan Number					
	Plan Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File for Exempt Organi	zations (s	ee instructions)			
	books are in the care of CANDI LEMARR					
	211 OAK STREET -	NORTH	FIELD, MN 55057			
Tele	ephone No. (507)645-8866		Fax No.			
	e organization does not have an office or place of business	in the Uni				
	is is for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of			
			ER 15_ , 20 24 , to file			
	he organization named above. The extension is for the orga				.pr organization .	
_	Calendar year 20 23 or					
Ī		20	, and ending			20
	tax year beginning	,	, and chaining		<u> </u>	, 20
2	f the tax year entered in line 1 is for less than 12 months, cl	nack reaso	on: Initial return	Final retur	m	
- '	Change in accounting period	IOUN IGASU	iiiidai letuili l	mai retul		
3a	f this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
	any nonrefundable credits. See instructions.	, 511161 1116	tomative tax, 1655	3a	\$	0.
-	f this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	Ja	Ψ	
	estimated tax payments made. Include any prior year overp	•		3b	\$	0.
-	Balance due. Subtract line 3b from line 3a. Include your pa			30	Ψ	
	ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	ionių Li ii o (Liectionic i euciai tax Fayinent oystein). See	การเกิดเป็	ııo.	1 30	ıΨ	•

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	ending		
B c	heck if pplicable	C Name of organization			D Employer identifi	cation number
	Addres	E LAURA BAKER SCHOOL ASSO	CIATION			
	Name change		41-12914	83		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	
	Final return/ termin-	211 OAK STREET			(507)645	
	ated Amend	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	6,030,210.
H	_return Applica tion	,	DDA CEDDEC		H(a) Is this a group r	
L	⊥tiòn pendin	F Name and address of principal officer: SAN SAME AS C ABOVE	DKA GEKDES			? Yes X No
			(Constant on)		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () e: WWW.LAURABAKER.ORG	(insert no.) 4947(a)(1)	or 527	1 '	list. See instructions
_	Vebsit		sociation Other	I Veen	H(c) Group exemption	
	orm of ort I	organization: X Corporation Trust As Summary	Sociation Unite	L Year	of formation: 19//	M State of legal domicile: MN
1 6		Briefly describe the organization's mission or most	-:::::	DUITUE	HOIIGING AN	
é		SERVICES TO ADULTS AND CHI				
au	١ .					
Activities & Governance	_	Number of voting members of the governing body (ntinued its operations or dispos		_	13
હુ					<u>3</u>	13
∞		Number of independent voting members of the gov				179
ies		Total number of individuals employed in calendar y				250
₹		Total number of volunteers (estimate if necessary)				0.
Ac		Total unrelated business revenue from Part VIII, col				0.
_	D	Net unrelated business taxable income from Form 9	990-1, Part I, line 11		Prior Year	Current Year
		Openhalis, times and superha (Doub VIII, line 41b)			891,446.	
ne	l			4,551,956.	4,880,591.	
/en	l			6,732.	69,944.	
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4,			234,254.	1,164.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			5,684,388.	
		Total revenue - add lines 8 through 11 (must equal			0.	0.
	l	Grants and similar amounts paid (Part IX, column (A			0.	
	45 .	Benefits paid to or for members (Part IX, column (A			4,022,118.	
ses	15	Salaries, other compensation, employee benefits (F			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	400 0	<u> </u>	<u> </u>	0.
Ä	D	Total fundraising expenses (Part IX, column (D), line	· —		1,886,738.	2,205,628.
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d,			5,908,856.	
		Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line ⁻			-224,468.	-1,595,815.
	19	Revenue less expenses. Subtract line 18 from line	12	Ra	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			6,785,435.	5,012,804.
Sse Bala	20	, , , , , , , , , , , , , , , , , , , ,			1,536,859.	1,329,811.
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	line 20		5,248,576.	3,682,993.
Pa	rt II	Signature Block	III le 20		3,240,370.	3,002,555
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				y Kilowioago alia bolloi, it io
ti do,	001100	, and complete. Declaration of proparor (other than office	1) 10 basea on an information of wi	mon proparor	nas any knowledge.	
Sigi	,	Signature of officer			Date	
Her		SANDRA GERDES, EXECUTIVE I	TRECTOR			
1101		Type or print name and title	,111201011			
		Print/Type preparer's name	Preparer's signature	1	Date Check [PTIN
Paid		DARREN KRAY, CPA	i roparor o orginaturo	l l	6/05/24 if self-employ	
	arer	Firm's name LB CARLSON, LLP		<u> </u>	Firm's FINI 4	1-1504933
-	Only	Firm's address 605 HIGHWAY 169, \$	SUTTE 650		I IIIII S EIN =	<u> </u>
-556	J.11y	MINNEAPOLIS, MN 55			Phone no 76	3-535-8150
May	the IF	S discuss this return with the preparer shown above		T Holle lie. 7 G	X Yes No	

Page 2

гаі	Clatement of Frogram Service 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:	
	TO PROVIDE HOUSING AND OTHER SERVICES TO ADULTS AND CHILDREN WITH	
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. OUR MISSION IS TO RESPECT	
	THE LIFE CHOICES AND DREAMS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES	
	AND HELP THEM REACH THEIR GOALS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 6,170,549 • including grants of \$) (Revenue \$ 4,880,59	1.)
	OAK STREET RESIDENTIAL SERVICES: AN INTERMEDIATE CARE FACILITY FOR	— <i>'</i>
	PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THESE	
	SERVICES ARE LICENSED BY THE MINNESOTA DEPT OF HEALTH (ICF-DD AND	
	SUPERVISED LIVING FACILITY) AND THE MINNESOTA DEPT OF HUMAN SERVICES	
	(CONSOLIDATED STANDARDS FOR LICENSED PROGRAMS SERVING PEOPLE WITH	
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES). SERVICES ARE FUNDED	
	PRIMARILY THROUGH MEDICAID AND ARE AUTHORIZED THROUGH EACH PERSONS	
	INTERDISCIPLINARY TEAM AND THEIR COUNTY OF FINANCIAL RESPONSIBILITY.	
	INTERESTICATION TO THE PROPERTY OF THE PROPERT	
	OUR RATES ARE DETERMINED BY THE MN DEPT OF HUMAN SERVICES.	
	INCREASES/DECREASES ARE APPROVED THROUGH THE MN LEGISLATURE. CURRENTLY	
	AT 24, WE ARE LICENSED TO SERVE 30 PEOPLE WITH INTELLECTUAL AND	
4h	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$	E '
	THAT SPACE TO THE CANNON VALLEY SPECIAL EDUCATION COOPERATIVE, THE	
	CVSEC. CVSEC UTILIZES THIS SPACE TO PROVIDE SCHOOLING TO CHILDREN WITH	
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THIS EDUCATIONAL PROGRAM	
	IS DESIGNED FOR CHILDREN WHO ARE UNABLE TO THRIVE IN A TYPICAL PUBLIC	
	SCHOOL SETTING.	
	Denote Berring.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code:) (Expenses \$	—— '
4 -1	Other are average and item (Describe and Caleadada O.)	
4d	Other program services (Describe on Schedule O.)	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 6 , 170 , 549 •	
4e	Total program service expenses 0,170,549.	

08540605 310893 500091.000

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)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	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,	۰		
•	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? <i>If</i> "Yes," <i>complete</i>	- '-		1
0	, ,			x
_	Schedule D, Part III	8		
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			\ ₃₇
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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,			T -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ــــــــــــــــــــــــــــــــــــــ		<u></u> -
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		 ^
18		40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4

Form	990 (2023) LAURA BAKER SCHOOL ASSOCIATION 41-129	1483	Р	age 4
Pa	t 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	L
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7.7	
Da	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		T	
		2	Yes	No
_		3		
b	Enter the number of Ferme W.Za moladed of line 14. Enter 6 in not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		x	
	DIADROUGH WOUTHOS TO DOZE WITHERS?	1 70		

332004 12-21-23

Form 990 (2023) LAURA BAKER SCHOOL ASSOCIATION

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

2a 179 179 180 181 181 181 181 181 181 18						Yes	No		
the for the calendary year ending with or within the year covered by this return b if all least not is reported on line 22, did the organization file all required idearal employment tax returns? 3	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.				100	110		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the calendar year, did the organization that was a line and you and the school of your young of your young of your young of young you			2a	179					
3a DK the organization have unrelated business gross income of \$1,000 or more during the year? 3b DK 1f Yeas*, That titled a Form 809 Tof this year? If Ye'r to line 3b, provide an explanation on Schadule 0 4d At any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a triancial account in a toreign country (such as a bank account, or other financial accountry). See instructions for filing requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization pays to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Id Year's line is 6a r.5b, did the organization that it was or is a party to a prohibited tax shelter transaction on the second of Sin any contributions that were not tax deductibles a charitable contributions? 6c Id Year's line is 6a r.5b, did the organization include with every solicitation an express statement that such contributions colinically any contributions that twen a fortile access of Sin and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Id the organization receive a payment in excess of Sin and party as contribution and party for goods and services provided to the payor? 7d If Yea, "and the organization organization include with every solicitation and party for goods and services provided to the payor? 7d If Yea," indicate the number of Forms 8282 filed during the year 8d If Yea," indicate the number of Forms 8282 filed during the year 9d Id the organization receive apparent in excess of Sin and party as contribution of underly, to pay premiums on a personal benefit contract? 9d If Yea," indicate the number of Forms 8282 filed during the year 9d If the organization received a contribution of organization file Form 8880 as required? 10 Id the organiz	b			•	2b	Х			
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	_	5111					Х		
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time Sao r5b, did the organization the organization the organization than the organization than the organization and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6a X 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer? 7 If Yes, "Indicate the number of Forms 8282 filed during the year 6 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Idea the organization receive any premiums, directly or indirectly, on a personal benefit contract? 8 Sponsoring organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 If the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 If the organization receive any premium, directly or indirectly, on a personal benefit contract? 9 If the organization receive any payments organization file prom 990 i									
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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	10		r inco	ne?	16		Λ		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		v+iv.;i+: ~						
	17				17				
					17				

332005 12-21-23

LAURA BAKER SCHOOL ASSOCIATION 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							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 13							
	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	b Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	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		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(This decision b requests information about policies not required by the internal revenue dode.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
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							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MN							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	•						
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.	/ -						
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
-	CANDI LEMARR - (507)645-8866							
	211 OAK STREET, NORTHFIELD, MN 55057							

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	box	not cl	Pos heck	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 6	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SANDRA GERDES	40.00	_						400 445		
EXECUTIVE DIRECTOR	40.00			Х				109,145.	0.	0.
(2) CANDI LEMARR CFO	40.00	1		х				3,600.	0.	0.
(3) BOB GILBERTSON	2.00			^				3,000.	0.	· ·
PRESIDENT	2.00	Х		х				0.	0.	0.
(4) RUTH NEUGER	2.00							-	-	-
VICE PRESIDENT		Х		х				0.	0.	0.
(5) KENT HOLDEN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) CHERYL BUCK	1.00									
TRUSTEE		Х						0.	0.	0.
(7) STEVEN UNDERDAHL	1.00									
TRUSTEE		Х						0.	0.	0.
(8) MATT CHRISTENSEN	1.00									
TRUSTEE		X						0.	0.	0.
(9) CAROLINE YAUN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) CARRIE DUBA	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JIM LOE	1.00									
TRUSTEE		Х						0.	0.	0.
(12) MELEAH FOLLEN	1.00	1							_	_
TRUSTEE		Х						0.	0.	0.
(13) KENNA SCHULZ	1.00	l								
TRUSTEE		Х						0.	0.	0.
(14) GRETCHEN EHRESMANN	1.00	ļ								
TRUSTEE	1 00	Х						0.	0.	0.
(15) PHIL STORM	1.00	ļ								
TRUSTEE	1 00	Х	\vdash		_	_	-	0.	0.	0.
(16) SHREYA ASHOK	1.00	٠,							_	
STUDENT BOARD MEMBER		X	\vdash		_	-		0.	0.	0.
		\mathbf{I}								
-	l			<u> </u>	<u> </u>		1			Form 990 (2022)

	VII Section A. Officers, Directors, Trus (A)	(B)			(((D)			/=	:)
	(A) Name and title	Average			Posi	ition			Reportable	(E) Reportable		(F Estim	
	Name and title	hours per					than o		compensation	compensation		amou	
		week		cer an	d a di	recto	r/trus	tee)	from	from related		oth	er
		(list any	rector						the	organizations	.	comper	
		hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	⁵ /	from	
		organizations	ruste	al trusi		99/	m pen		1099-NEC)	1099-1160)		organi: and re	
		below	Individual trustee or director	Institutional trustee	Ja	Key employee	Highest compensated employee	er				organiz	
		line)	Indi	Insti	Officer	Key 6	High emp	Former					
											+		
											_		
											+		
											_		
1h	Subtotal								112,745.	().		0.
ın	Subtotal Total from continuation sheets to Part VI	I Section A						•	0.		5.		0.
	Total (add lines 1b and 1c)								112,745.		5.		0.
2	Total number of individuals (including but r								ceived more than \$100,	000 of reportable			1
	compensation from the organization											Ye	s No
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4	For any individual listed on line 1a, is the su												
_	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a	•				•			•	lual for services		_	х
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nplete Schedule	e J fo	or su	ch r	pers	on .					5	_ A
1	Complete this table for your five highest co the organization. Report compensation for										nsatio	on from	
	(A)	trie Caleridai ye	Jai C	iluli	g w	iti C)I VVI	<u> </u>	(B)	cai.		(C)	
	Name and business	address	N	ONE	3				Description of s	ervices	Со	mpensa	tion
								\dashv					
								+					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	l to t	thos		ted	above) who received mo	ore than			

Form 990 (2023) LAURA B
Part VIII Statement of Revenue

		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	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	1.	Federated campaigns 1a					
anta							
ij g			375,536.				
fts, Ar		•	373,330.				
Contributions, Gifts, Grants and Other Similar Amounts							
ns, Sim		Government grants (contributions) 1e					
utio er (Ť	All other contributions, gifts, grants, and	C21 1EE				
현된			631,155.				
ont od (169,234.	1 006 601			
<u>0 g</u>	ŀ	Total. Add lines 1a-1f		1,006,691.			
			Business Code				
e S	2 8	RESIDENT SERVICES	624100	4,880,591.	4,880,591.		
e Ķ	k						
S	C	;					
am	c	I					
Program Service Revenue	e						
P	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		4,880,591.			
	3	Investment income (including dividends, intere					
		other similar amounts)		69,944.			69,944.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a 61,878.					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 61,878.					
		Net rental income or (loss)		61,878.	61,878.		
		Gross amount from sales of (i) Securities	(ii) Other	02/0701	02/0701		
	, ,	assets other than inventory 7a	() 5 4.15.				
	L	Less: cost or other basis					
Φ							
her Revenue	_	and sales expenses 7b					
eve		Gain or (loss) 7c					
Ä		Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See	0				
		Part IV, line 18	0.				
		Less: direct expenses 8b	71,820.	71 000			71 000
		Net income or (loss) from fundraising events		-71,820.			-71,820.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	k	Less: cost of goods sold 10b					
\Box	C	Net income or (loss) from sales of inventory					
10			Business Code				
ő a	11 a	OTHER INCOME	900099	11,106.	11,106.		
ane	k)					
Miscellaneous Revenue	c						
Aisc	c	All other revenue					
2		Total. Add lines 11a-11d		11,106.			
	12	Total revenue. See instructions		5,958,390.	4,953,575.	0.	-1,876.

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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 138,233. 5,309. 146,762. 3,220. 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) 4,657,502. 4,386,831. 168,476. 102,195. Other salaries and wages 7 Pension plan accruals and contributions (include 33,895. 30,276. 2,743. 876. section 401(k) and 403(b) employer contributions) 76,316. 71<u>,</u>560. 2,604. 150,480. Other employee benefits 9 359,938. 346,949. 6,367. 6,622. 10 Payroll taxes Fees for services (nonemployees): Management 15,120. 15,120. Legal 2,829. 94,841. 92,012. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 137,889. 1,302. 400. 136,187. Advertising and promotion 12 12,953. 2,401. 10,552. Office expenses 13 Information technology 14 15 Royalties 319,207. 315,342. 3,704. 161. 16 Occupancy 30,970. 30,780. 190. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 34,033. 12,278. 21,755. Conferences, conventions, and meetings 19 16,035. 5,618. 21,653. 20 Payments to affiliates 21 193,921. 193,921. Depreciation, depletion, and amortization 22 106,219. 30,208. 76,011. 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.) 357,628. 263,043. 90,265. 4,320. PURCHASED SERVICES 210,047. FOOD 209,961. 86. 182,147. 7,592. 55,158. 119,397. PROGRAM EXPENSES <u>17,</u>279. 151,956. 169,235. IN-KIND EXPENSES 252,607. 319,765. 55,099. 12,059. All other expenses 7,554,205. 6,170,549. 955,864. 427,792. 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

Form 990 (2023)

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,163.	1	105,430.
	2	Savings and temporary cash investments		708,639.	2	448,002.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,548,366.	4	491,430.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			62,371.	9	60,049.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,361,185.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	4,807,052.	3,722,548. 516,702.	10c	3,554,133. 46,934.
	11	Investments - publicly traded securities			516,702.		46,934.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	0.1.5	14	225 225		
	15	Other assets. See Part IV, line 11	217,646.	15	306,826.		
	16	Total assets. Add lines 1 through 15 (must equ		1	6,785,435.	16	5,012,804.
	17	Accounts payable and accrued expenses		ı	858,507.	17	736,605.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	678,352.	22	593,206.		
	23	Secured mortgages and notes payable to unrela		- 41	070,332.	23 24	393,200•
	24 25	Unsecured notes and loans payable to unrelate	-			24	
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
			,			25	
	26	Total liabilities. Add lines 17 through 25			1,536,859.	26	1,329,811.
		Organizations that follow FASB ASC 958, che	ck here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	, , ,			5,231,076.	27	3,661,493.
Bala	28				17,500.	28	21,500.
둳		Organizations that do not follow FASB ASC 9					
Ī		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				5,248,576.	32	3,682,993.
	33				6,785,435.	33	5,012,804.
							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	5,95			
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,55			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,59	5,8	<u> 15.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,24	8,5	76.	
5	Net unrealized gains (losses) on investments	5	3	0,2	32.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,68	2,9	93.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
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	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
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?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2023)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		LAUR	A BAKER SCI	HOOL ASSOCIAT	rion			4	1-1291483
Pa	rt I	Reason for Public (Charity Status. (All organizations must c	omplete th	nis part.) S	ee instructions	s.	
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
	_	university:							
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Complete Part III.)							
11	Щ	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.							
а		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							
b			· ·				-	•	•
		control or management o			ame perso	ns that coi	ntroi or manag	je tne supp	оотеа
_		organization(s). You mus			in connect	المناسمة	and franctional		ad with
С		Type III functionally inte its supported organization	- '					y integrate	eu wiiri,
d		Type III non-functionally						tod organi-	zation(s)
u		that is not functionally int						-	* *
		requirement (see instructi	-		-		•	arrattoriti	7011033
е		Check this box if the orga	·	-				I Tyne III	
Ŭ		functionally integrated, or					Type I, Type I	i, i ypc iii	
f	Ente	er the number of supported of		,g.a.ca capper					
		vide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
T . 4 .									

(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) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	550,643.	636,440.	1066852.	891,446.	1006691.	4152072.
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	550,643.	636,440.	1066852.	891,446.	1006691.	4152072.
	The portion of total contributions	, ,	,				
Ū	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.						4152072.
	etion B. Total Support						1132072.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	550,643.	636,440.	1066852.	891,446.	1006691.	4152072.
	Gross income from interest,	000,0100	000,2200		001,1100		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	286,233.	287,720.	161,323.	43.435.	131,822.	910.533.
۵	Net income from unrelated business	200,2001	20171200	202,020	10,1000		320,3331
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	23,887.	25,709.	16 936.	260,033.	11 106.	337 671.
11	Total support. Add lines 7 through 10	23,007.	2377031	10/3301	200,0331	11/1000	5400276.
	Gross receipts from related activities,	etc (see instructio	ine)			12	31002701
	First 5 years. If the Form 990 is for th	•	,	ourth or fifth tax v			
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		14	76.89 %
	Public support percentage from 2022					15	71.04 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						77
b	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			-		viriow the organiz	
h	10% -facts-and-circumstances test	-		• • •	-		
	more, and if the organization meets the	_					. 5,5 0.
	organization meets the facts-and-circu				· ·		
18	Private foundation. If the organization				•		
	organizatio	c. c. look a l	10, 100	, ,	,		(Form 990) 2023

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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u>-</u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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			
38	3		
3k)		
30	;		
48	3		
41)		
40	:		
58	3		
5k	,		
50			
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7			
,			
8			
98	1		
9t)		
90	,		
10	а		
10	b		
ule A (F		n 9901	2023

332024 12-21-23 Schedule A (Form 990) 2023

Sche	edule A (Form 990) 2023 LAURA BAKER SCHOOL ASSOCIATION 41-12	9148	3 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

Schedule A (Form 990) 2023

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." describe in **Part VI** the role played by the organization in this regard.

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

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

Sect	ion A - Adjusted Net Income		e Sections A through E. (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		
	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-functional	lly integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continue)	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	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	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(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				
a	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)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	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				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 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:
OTHER INCOME
2019 AMOUNT: \$ 23,887.
2020 AMOUNT: \$ 25,709.
2021 AMOUNT: \$ 16,936.
2022 AMOUNT: \$ 21,973.
2023 AMOUNT: \$ 11,106.
GAIN ON SALE OF PROPERTY AND EQUIPMENT
2022 AMOUNT: \$ 238,060.

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

LAURA BAKER SCHOOL ASSOCIATION

Employer identification number 41 - 1291483

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

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

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

Schedule B (Form 990) (2023)

SCHEDULE 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

LAURA BAKER SCHOOL ASSOCIATION

Employer identification number 41-1291483

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		unds or Ac	counts. Comp	lete if the	
	organization answered fes on Form 990, Part IV, iiii	(a) Donor advised funds		(b) Funds and othe	r accounts	
1	Total number at end of year	(a) Berief davised failes	· ·	(b) i ando and othe	. 400041110	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in done	or advised fund	ds		
_	are the organization's property, subject to the organization's	_			Yes	No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o					
	impermissible private benefit?		•		Yes	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Forr	n 990, Part IV,	, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preserv	ation of a histo	orically important la	and area	
	Protection of natural habitat	Preserv	ation of a certi	ified historic structu	ure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in th	e form of a co			
	day of the tax year.			Held at the I	End of the Tax	Year
	Total number of conservation easements			2a		
				2b		
	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included on line 2c acqu					
_	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organi	zation during the ta	ax	
4	year	nament is leasted				
4	Number of states where property subject to conservation eas		ling of			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					140
Ū	etan and volunteen neare develor to membering, mepeeting,	Than all 19 of Violations, and officion	ng consorvatio	on oddomento dami	g are your	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing co	nservation ea	sements during the	year	
	3, 1 3,	3		3	,	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section	n 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial	statements th	at describes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures,	or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue state	ement and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or resear	ch in furtherar	nce of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes the	se items.			
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	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 tre		inancial gain, _l	provide		
	the following amounts required to be reported under FASB A					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X				\/Feurs 000\	2000
LHA	For Paperwork Reduction Act Notice, see the Instructions	いい ていけ かめし.		Schedule D	, (FORM 990)	2023

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

Par	rt III Organizations Maintaining Col	lections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar A	ssets (co	ontinued)	
3	Using the organization's acquisition, accession	, and other record	s, check	any of the t	ollowing that	make sig	nificant use	of its		
	collection items (check all that apply).									
а	Public exhibition	c	1 🔲 L	oan or exc	hange progra	am				
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explair	n how the	ey further th	ne organizatio	n's exem	ot purpose i	n Part XIII.		
5	During the year, did the organization solicit or r	eceive donations	of art, his	torical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be main	tained as part of t	he organi	zation's co	llection?			Ye	s 🗌	☐ No
Par	rt IV Escrow and Custodial Arrange	ements Comple	te if the c	organization	answered "	Yes" on Fo	orm 990, Pa	rt IV, line 9,	or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodian	, or other intermed	diary for c	contribution	s or other as	sets not ir	cluded			
	on Form 990, Part X?							🔲 Ye	s [No
b	If "Yes," explain the arrangement in Part XIII an									
								Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Forr						/?	Ye	s	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation	n has been	provided in F	art XIII			[
	rt V Endowment Funds Complete if the									
		(a) Current year		rior year	(c) Two yea			s back (e)	Four years	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curren	nt vear end halance	e (line 1a	column (a) held as.	1				
a	Board designated or quasi-endowment	•	%	, 001011111 (0,	,, 1101G GO.					
b	Permanent endowment	%	— ′°							
c	Term endowment %									
·	The percentages on lines 2a, 2b, and 2c should	d equal 100%								
За	Are there endowment funds not in the possess	•	ation that	are held ar	nd administer	ed for the				
ou	organization by:	ion or the organize	ation that	are riola ai	ia aarriiriistoi	ca for the			Yes	No
	(i) Unrelated organizations?							3:	a(i)	
	(ii) Related organizations?								a(ii)	
h	If "Yes" on line 3a(ii), are the related organization								Bb	-
4	Describe in Part XIII the intended uses of the or									
	rt VI Land, Buildings, and Equipmen		WITHOUTE TO	1100.						
	Complete if the organization answered). Part IV.	line 11a. S	ee Form 990	. Part X. lii	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated	(4)	Book valu	
	Description of property	basis (investr		` '	(other)	. ,	reciation	(4)	JOOK Vail	ue
10	Land	· ` ` ` `			9,109.	0.0 p.		-	379,1	0.9
	Land				$\frac{5,105}{2,565}$	3 /	95,821	_	906,7	
b	Buildings				$\frac{2,303.}{7,018.}$		51,063		205, <i>1</i>	
c	Leasehold improvements	I			$\frac{7,018.}{2,493.}$		60,168		62,3	
d	Equipment			0 2	4,470.		, <u></u>	•	02,3	, 4 , 5 ,
	Other	•	V " -=		(D)			3 1	554,1	33
rota	l. Add lines 1a through 1e. <i>(Column (d) must equ</i>	iai Form 990. Part	х. iine 10	c. column	(B))			. ,,	, , <u>, ,</u> , ,	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 LAURA BAKER	SCHOOL ASSOC	ΤΔΠΤΟΝ Δ	1-1291483 Page 3
Part VII Investments - Other Securities	DCHOOL ADDOC	INITON	1 1231403 Page
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T
	Description		(b) Book value
(1) SECURITY DEPOSITS	an		2,350
(2) OPERATING LEASE RIGHT-OF-U	SE ASSETS		304,476
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	(D))		306,826
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			1

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

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 (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,060,442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		30,232.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	71,820.		
е	Add lines 2a through 2d			2e	102,052.
3	Subtract line 2e from line 1			3	5,958,390.
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.)		<u></u>	5	5,958,390.
Par	T XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Returr	ו
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	7,626,025.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	71,820.		
е	Add lines 2a through 2d			2e	71,820.
3	Subtract line 2e from line 1			3	7,554,205.
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,554,205.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,			; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional inform	ation.		
	NT W T TAKE 0				
PAF	RT X, LINE 2:				
T376	NOVE THE GENERAL				
TNC	COME TAX STATUS				
тит	P ODCANTZAMION IC EVEMDM EDOM MAVAMION AC	7 NONDD		т 7 л г	UTONI TNI
1111	E ORGANIZATION IS EXEMPT FROM TAXATION AS	A NONPR	OFII ORGAN	тин.	I I ON IN
700	CODDANCE WITHU CECHTON FOI/C\/2\ OF HUE IN	מ דגונים ש	EVENITE COD	T.	
ACC	CORDANCE WITH SECTION 501(C)(3) OF THE IN	IEKNAL K	EVENUE COD	Ŀ.	
700	CODDINGLY NO DDOMECTON FOR INCOME MAYER	UAC DEEN	муре Ом п	י סט	T N N N C T N T
ACC	CORDINGLY, NO PROVISION FOR INCOME TAXES	UAS DEFIN	MADE ON I	пе і	TIMANCIAL
CITI 7	MEMENING MILE ODGANIZAMION IC GLACCIETED	אמ א הווה	TTOLV CHOD	ОВШІ	- T
<u>517</u>	ATEMENTS. THE ORGANIZATION IS CLASSIFIED	AS A PUB	TICTI-20PP	OKII	תק
СПХ	ARITABLE ORGANIZATION UNDER SECTION 509(A	\/1\ OF	ТИТЕ СОПЕ Х	MD	
СПР	WITHDE OVERHITATION ONDER SECTION 303/W	/(I/ OF	THE CODE A	תוע	
$C \cap V$	TRIBUTIONS TO THE ORGANIZATION QUALIFY A	с а снар	ፐጥልዩ፤.ፑ. ጥል ⊻	ישת	OTICTTON BV
<u> </u>	TITLE ON TO THE ONGANIZATION QUALIFT A	D A CHAR	אאו מחמאיד.	ונוע	COLION DI
тнт	CONTRIBUTOR.				
<u> </u>	2 0011111111111111111111111111111111111				

EFFECTIVE JANUARY 1, 2009, THE ORGANIZATION ADOPTED ACCOUNTING GUIDANCE

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number LAURA BAKER SCHOOL ASSOCIATION 41-1291483 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	<u> </u>	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA EVENT	GOLF EVENT		col. (c))
a)			(event type)	(event type)	(total number)	331. (3)/
ň						
Revenue	1	Gross receipts	321,395.	54,141.		375,536.
ш						
	2	Less: Contributions	321,395.	54,141.		375,536.
	3	Gross income (line 1 minus line 2)				
	_					
	4	Cash prizes				
	_	Nanagah prizas				
S	5	Noncash prizes				
nse	6	Rent/facility costs				
Direct Expenses	١	Tient facility costs				
Ä	7	Food and beverages	26,932.			26,932.
jre	•	r coa ana bovoragos				
Ь	8	Entertainment				
		Other direct expenses	27,681.	17,207.		44,888.
	l	Direct expense summary. Add lines 4 through	9 in column (d)			71,820.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			-71,820.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Г	ı		г
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)
Вè						
		Gross revenue				
	,	Cash prizes				
Direct Expenses	_	Oddin prized				
oeu	3	Noncash prizes				
Ä						
ect	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
O	En	ter the state(s) in which the organization condu	ete gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				1e3 140
,	. 11	TTO, OADIGITI.				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		
			<u> </u>			
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 LAURA BAKER SCHOOL ASSOCIATION 41-	1291	<u>483</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		140-	I	0/
	The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	······································			
	Name			
	- Name			
	Address			
16	Gaming manager information:			
	Name			
	Name			
	Coming manager companyation			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
Ī	retain the state gaming license?		Yes	☐ No
L		—		
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Do	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v); and Provide the explanations required by Part L line 2b, columns (iii) and (v);			
Га		art III, Iin	es 9, 9	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	LAURA BAKER	SCHOOL	ASSOCIATION	41-1291483	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
		(continued)				
-						

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

2023
Open to Public Inspection

Name of the organization

LAURA BAKER SCHOOL ASSOCIATION

Employer identification number 41-1291483

		EK PCHOOL AP	DOCTITION							<u>T _ T</u>	4 J T	103		
Part	t I Bond Issues													
	(a) Issuer name (b) Issuer EIN (c) CUSIP #		(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descript	ion of purpose	(g) De	efeased (h) On behalf of issuer			f (i) Pooled financing	
									Yes	No	Yes	No	Yes	No
							BUILDING		1.00		100	-110		
Α (CITY OF NORTHFIELD	41-6005424	NONEAVAIL	05/28/14	1,256	,715.	CONSTRUC	TION		х		x		x
						•								
В														
<u></u>														
D														
Part	t II Proceeds									_				
				Α			В	С				D		
1	Amount of bonds retired													
2	Amount of bonds legally defeased													
3	•				6,715.									
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds													
6														
7														
8														
9	Working capital expenditures from proceed													
10	Capital expenditures from proceeds			1,25	6,633.									
11	· · · ·				82.									
12					014					+				
13	Year of substantial completion				014			 		-				
			. ,	Yes	No	Yes	No	Yes	No	-	Yes		No	
14	Were the bonds issued as part of a refunding	-	•		v									
	if issued prior to 2018, a current refunding	,			X					-		_		
15	Were the bonds issued as part of a refunding	•	• •		х									
	issued prior to 2018, an advance refunding			v	^			 						
16	Has the final allocation of proceeds been m							 		+		+		
17	Does the organization maintain adequate b			x										
	final allocation of proceeds? Paperwork Reduction Act Notice, see the			A							dule K			

Par	t III Private Business Use								
			A	E	3	(Ç	Г)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%	%			%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Par	t IV Arbitrage								
			Α	E			Ç)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
	If "No" to line 1, did the following apply?								1
	Rebate not due yet?		X						
<u> </u>	Exception to rebate?		X						
<u>c</u>	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								1
3	Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)								
		4	E	3	())
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action	•	•					•	
		4	E	3				<u> </u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.				•	

SCHEDULE M (Form 990)

Noncash Contributions

2022

2023

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	LAURA BAKER	SCHOOL	ASSOCIAT	ION	41	_1291	483	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash con	(d) of determin itribution ar	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			1.50.004				
25	Other (DONATED SERVICE)	X	44	169,234.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organic							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
				=			Yes	No
30a	During the year, did the organization receive b	•						
	must hold for at least 3 years from the date of							v
_	exempt purposes for the entire holding period	7				30a		X
	If "Yes," describe the arrangement in Part II.	a alian della at est	au iroo the medicine	of any nameton david a section of	iono?	0.4		v
31	Does the organization have a gift acceptance	-	•	•	LIUTIS?	31		Х
32a	Does the organization hire or use third parties		_	•				v
	contributions?					32a		Х
	If "Yes," describe in Part II.	l		. fanlaiala aak /-\ ! !	al a al			
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	ror which column (a) is che	скеа,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LAURA BAKER SCHOOL ASSOCIATION

Employer identification number 41-1291483

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

DISABILITIES. OUR MISSION IS TO RESPECT THE LIFE CHOICES AND DREAMS OF

PEOPLE WITH DEVELOPMENTAL DISABILITIES AND HELP THEM REACH THEIR GOALS.

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

DEVELOPMENTAL DISABILITIES. EACH PERSON SERVED RECEIVES SERVICES 24

HOURS A DAY AND RECEIVES ACTIVE TREATMENT SERVICES TO ASSIST HIM/HER TO

MAINTAIN AND IMPROVE IN ANY AREAS THAT LIMIT HIS/HER ABILITY TO LIVE

INDEPENDENTLY IN THE COMMUNITY. ACTIVE TREATMENT INCLUDES INDIVIDUAL

SERVICE AND PROGRAM PLANS FOR EACH INDIVIDUAL WHICH ARE REVIEWED AND

UPDATED MONTHLY, QUARTERLY AND ANNUALLY TO MEASURE PROGRESS TOWARD

THOSE GOALS. WE PROVIDE ASSISTANCE TO EACH PERSON IN THE ACTIVITIES OF

DAILY LIVING, INCLUDING BUT NOT LIMITED TO: SELF-CARE (E.G. DRESSING,

GROOMING, TOILETING), MONEY MANAGEMENT, HOUSEHOLD MANAGEMENT, COMMUNITY

ACCESS AND INTEGRATION, MOBILITY, LEISURE AND RECREATION.

COMMUNITY SERVICES: THESE SERVICES ARE PROVIDED IN THE NORTHFIELD AREA

IN EACH PERSON'S HOME. WE OPERATE 6 COMMUNITY RESIDENTAL HOMES WHICH

SUPPORT 3 OR 4 PEOPLE EACH. WE HAVE ANOTHER 11 CLIENTS TO WHOM WE

PROVIDE IN-HOME SUPPORT IN THEIR OWN HOMES OR APARTMENTS. THESE

SERVICES ARE LICENSED BY THE MN DEPT OF HUMAN SERVICES. SERVICES ARE

FUNDED PRIMARILY THROUGH MEDICAID, AND ARE AUTHORIZED THROUGH EACH

PERSON'S INTERDISCIPLINARY TEAM AND THEIR COUNTY OF FINANCIAL

RESPONSIBILITY.

WE ARE PAID AN HOURLY RATE FOR IN-HOME SUPPORT. COMMUNITY RESIDENTIAL

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

Schedule O (Form 990) 2023

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

Name of the organization

LAURA BAKER SCHOOL ASSOCIATION

Employer identification number
41-1291483

CLIENTS HAVE A DAILY RATE DETERMINED BY THEIR COUNTY OF FINANCIAL
RESPONSIBILITY IN CONJUNCTION WITH MN DEPT OF HUMAN SERVICES
REIMBURSEMENT GUIDELINES. EACH PERSON'S RATE IS DEPENDENT UPON HIS/HER
NEEDS FOR SUPPORT AND IS INDIVIDUALIZED TO THE GREATEST EXTENT
POSSIBLE. SERVICES GENERALLY ARE FUNDED BY MEDICAID. WHILE RATE CHANGES
CAN BE INITIATED BASED UPON CHANGES IN AN INDIVIDUAL'S NEEDS, GENERAL
RATE CHANGES TO ACCOMMODATE INFLATION AND STAFF INCREASES ARE APPROVED
THROUGH THE MN LEGISLATURE.

WE ARE CURRENTLY SERVING 31 INDIVIDUALS IN COMMUNITY SERVICES. EACH

PERSON HAS INDIVIDUAL SERVICE AND PROGRAM PLANS WHICH ARE REVIEWED AND

UPDATED MONTHLY, QUARTERLY AND ANNUALLY TO MEASURE PROGRESS TOWARD

THOSE GOALS. WE PROVIDE ASSISTANCE TO EACH PERSON IN THE ACTIVITIES OF

DAILY LIVING, INCLUDING BUT NOT LIMITED: SELF-CARE (E.G. DRESSING,

GROOMING, TOILETING), MONEY MANAGEMENT, HOUSEHOLD MANAGEMENT, COMMUNITY

ACCESS AND INTEGRATION, MOBILITY, LEISURE AND RECREATION.

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

FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS
FOR APPROVAL AT A BOARD MEETING PRIOR TO FILING.

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

ALL TRUSTEES ARE REQUIRED TO PROVIDE A WRITTEN STATEMENT AND DISCLOSE ANY POTENTIAL CONFILCTS OF INTEREST TO THE ORGANIZATION EACH YEAR.

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

THE ORGANIZATION REVIEWS AND SETS COMPENSATION OF ITS EXECUTIVES USING PUBLISHED SALARY SURVEYS OF COMPARABLE ORGANIZATIONS.

Schedule O (Form 990) 2023	Page 2
Name of the organization LAURA BAKER SCHOOL ASSOCIATION	Employer identification number 41-1291483
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	ICIAL STATEMENTS
ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL S	TATEMENTS ARE
ALSO POSTED ON GUIDESTAR.ORG.	

ABCDEFGHLJKLMXOPQRSTUVW	O na 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ABCDEFGHIJKLMNOPQRST	DeTy

Type and Section 382	d Entity: PRE- Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/06	Amount Used for 12/31/07	Amount Used for	Amount Used fo					
2004	13,681. 6,607.	13,291.	10,852.	2,439.							
2005 2011	6,607.										
2012	1,662. 3,653.										
2013	1,718.										
2014	1,453.										
2015	374.										
Detail S Type B C	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amour
Detail S Type B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used fo
', PC C	<u> </u>										

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name LAURA BAKER SCHOOL ASSOCIATION	Employer Identification Number 41–1291483
Based on the information provided with this return, the following are possible carryover amounts to m	•
FEDERAL PRE-2018 NET OPERATING LOSS	15,857
	· ·
	· · · · · · · · · · · · · · · · · · ·
	· ·
	· · · · · · · · · · · · · · · · · · ·
	-
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IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20
, , , , , , , ,		_

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

	t of the Treasury		G		18879TF for the latest info				
Name of				o to 111111111101901/1 0111	100101210111101111011110		EIN or SSN		
	LAURA E	BAKER S	СНОО	L ASSOCIATIO	ON		41-129	91483	
Name an	d title of officer or per	son subject to	tax S	SANDRA GERDE	S		•		
					RECTOR				
Part I	Type of F	eturn and	l Retu	rn Information					
Form 53 or 10a k whichev	30 filers may enter below, and the amor rer is applicable, bla	dollars and ount on that li	cents. Fonds	or all other forms, enter e return being filed with	whole dollars only. If you ch this form was blank, then I	neck the bo leave line 1	x on line 1a, 2a, 3 b, 2b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8 6b, 7b, 8b, 9b, or 1	a, 9a 0b,
1a	Form 990 check he	ere		b Total revenue, if an	y (Form 990, Part VIII, colun	nn (A), line ⁻	12)	1b	
3a	Form 1120-POL ch	neck here							
4a	Form 990-PF chec	k here						4b	
5a	Form 8868 check h	nere		b Balance due (Form	8868, line 3c)			5h	
6a	Form 990-T check	here	X	b Total tax (Form 990	T, Part III, line 4)			6b	0.
7a	Form 4720 check h	nere		b Total tax (Form 472	0, Part III, line 1)			7b	
8a	Form 5227 check h	nere		b FMV of assets at er	nd of tax year (Form 5227,	Item D)	8	8b	
9a	Form 5330 check h	nere		b Tax due (Form 5330	, Part II, line 19)			9b	
								10b	
Part I	I Declarati	on and Si	gnatur	<u>e Authorization o</u>	f Officer or Person S	ubject to	Tax		
of any reentry to financia later that paymen persona	efund. If applicable, the financial institution to debit in 2 business days put of taxes to receive I identification numbers on the box only I authorize LB as my signature of with a state agen on the return's dialond.	I authorize the tion account the entry to orior to the perconfidential ber (PIN) as reconfidential ber (PIN) as re	he U.S. indicate this according to the second and the second and the second and the second and the second are 2023 atting character to tax in the second are second at the second are second as the second are second are second as the second are second as the second are sec	Treasury and its design and in the tax preparation ount. To revoke a paym (settlement) date. I also attion necessary to answeature for the electronic research firm number of the lectronically filed returnarities as part of the IRS een.	ated Financial Agent to initi a software for payment of the ent, I must contact the U.S authorize the financial instier inquiries and resolve issueturn and, if applicable, the ame ame n. If I have indicated within a Fed/State program, I also atty, I will enter my PIN as my	ate an elect ne federal ta . Treasury F itutions invo ues related to consent to this return to authorize the	tronic funds withdra tixes owed on this re- financial Agent at 1 bloved in the process to the payment. I ha electronic funds w to enter my PIN that a copy of the ra the aforementioned I on the tax year 202	awal (direct debit) eturn, and the I-888-353-4537 no sing of the electron ave selected a vithdrawal. 54352 Enter five numbers do not enter all zer eturn is being filed ERO to enter my Pl	, but ros
	of officer or person subject	to tax			closure consent screen.		Date		
Part I	II Certificat	ion and A	uthen	tication					
number I certify	(EFIN) followed by that the above num	your five-digi	t self-sel my PIN,	ected PIN. which is my signature of	Do in the 2023 electronically file	not enter all : led return in	zeros ndicated above. I co		or
	~	Jordanoe Wil		quironionio or Fub. 410	, Modernized en ne (Mer)	inomation	i ioi Autiioiizeu inc	, e-lile i lovideis ic	"
ERO's si	Coto www.irs.gov/Form8879TE for the latest information. EIN or SSN LAURA BAKER SCHOOL ASSOCIATION 41-129								
		Do N					Do So		
For Priv	acy Act and Paner							Form 8879-TE (5053,

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request 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** 41-1291483 LAURA BAKER SCHOOL ASSOCIATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 211 OAK STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTHFIELD, MN 55057 Enter the Return Code for the return that this application is for (file a separate application for each return) 07 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 CANDI LEMARR 211 OAK STREET - NORTHFIELD, MN 55057 Telephone No. (507)645-8866 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.

EXTENDED TO NOVEMBER 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retu	rn	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	lendar year 2023 or other tax year beginning, and ending		2023
Departi Internal	ment of the Treasury I Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	3).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if		Name of organization (Check box if name changed and see instructions.)	D En	mployer identification number
	address changed.		INIDA DAVED CCUOOL ACCOCTAMION		41-1291483
	empt under section 501(c)(3)	Print or	LAURA BAKER SCHOOL ASSOCIATION		oup exemption number
	408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instructions. 211 OAK STREET	_ (se	ee instructions)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529A		NORTHFIELD, MN 55057	F	Check box if
	. , ,	С Во	ok value of all assets at end of year		an amended return.
G C	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	e college/university
			6417(d)(1)(A) Applicable entity		
<u>H</u> C	Check if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective pay	ment am	ount from Form 3800
<u>I</u> C	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u>
			ed Schedules A (Form 990-T)		
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	L	Yes X No
			d identifying number of the parent corporation CANDI LEMARR Telephone number	<u>/ F 0 '</u>	7)645-8866
Par	he books are in car		CANDI LEMARR Telephone number d Business Taxable Income	(30	7 7 0 4 3 - 0 0 0 0
1			ess taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	_		see taxable interne computed from all difficulted trades of businesses (see instituctions)		
3	Add lines 1 and 2			·· 🗖	
4	Charitable contril		(see instructions for limitation rules)		0.
5			s taxable income before net operating losses. Subtract line 4 from line 3		
6	Deduction for ne	t opera	ting loss. See instructions	6	0.
7	Total of unrelated	d busine	ess taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from				1 000
8			erally \$1,000, but see instructions for exceptions)		1,000.
9			eduction. See instructions		1,000.
10			lines 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	10	0.
11 Par				11	<u> </u>
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro	m:	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See in	nstructi	ons	3	
4			instructions		
5					
6			acility income. See instructions		0
7 Par	t III Tax and	Pavn	gh 6 to line 1 or 2, whichever applies	7	0.
1a			orations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see				
С	General business	credit.	Attach Form 3800 (see instructions) 1c		
d	Credit for prior-ye	ear mini	mum tax (attach Form 8801 or 8827)		
е	Total credits. Ad	dd lines	1a through 1d	<u>1e</u>	
2	Subtract line 1e f	from Pa	rt II, line 7	2	0.
3a					
b	Amount due from		0007		
C	Amount due from		0000	-	
d					
e f	Other amounts d	•		3f	0.
4			lines 3a through 3e	31	•
•			x amount here	4	0.
5			lity paid from Form 965-A, Part II, column (k)		0.

Form 990-T (2023) Page

	90-1 (2									Page 2
Part		Tax and Payme								
6 a	•	0,		ited to the current year		6a		-		
b	Curre	nt year's estimated	tax payments. Check	if section 643(g) election	on					
						6b		-		
С		eposited with Form						-		
d				source (see instructions						
е										
f				miums (attach Form 89						
g				800		1 1				
h										
i								-		
j	Other	(see instructions)				6 j				
7			* *					7		
8				if Form 2220 is attach				8		
9				es 4, 5, and 8, enter am				9		
10				of lines 4, 5, and 8, ente		rpaid		10		
11				d to 2024 estimated ta			Refunded	11		
Part	IV :	Statements Re	garding Certain	Activities and Oth	er intorma	tion (see ins	tructions)			
1		•	•	the organization have		-	-		Yes	No
				her) in a foreign country						
	FinCE	N Form 114, Repo	rt of Foreign Bank and	Financial Accounts. If	"Yes," enter th	ne name of the	foreign country			l
	here									<u> </u>
2		-	-	e a distribution from, o	-					1,7
										<u> </u>
				ganization may have to			•			
3				ed or accrued during th						
4		•	NOL carryovers here				ost-2017 NOL ca			
				ice the NOL carryover s						
5				Activity Code and avai						
	the ar	mounts shown belo		d on any Schedule A, P	art II, line 17 fo					
			Business Activity Co	de			e post-2017 NOL	carryove	er	
						\$				
						\$				
						\$				
	D					\$				
6 a		ved for future use								+
Part		ved for future use Supplemental	Information							
Provide	e any a	aditional informatio	n. See instructions.							
	Ur	nder penalties of periury. I	declare that I have examined	this return, including accompar	ving schedules and	d statements, and to	the best of my knowle	dge and bel	ief, it is true.	
Sign				taxpayer) is based on all inform			edge.			
Here				1	EXECU'	ידעב הדי		•	discuss this return	with
	Si	ignature of officer		Date	Title			structions)?	shown below (see	No
		Ī	'e name	Dranarar'e cianatura	1	Date			21 103	140
		Print/Type preparer	o iidiiit	Preparer's signature		Dale	self-employed	if PTIN		
Paid		DARREN KR	AY CPA			06/05/2		PΛ	0296781	
Prepa				LLP		00,00,2	Firm's EIN		-150493	
Use (חכ	THITI STICILLE		Y 169, SUITE	650		I IIIII S LIIV		1001JJ	
		Firm's address		S, MN 55441	- 000		Phone no. 7	63-5	35-8150	
		1 5		~, IM, JJIII			i ilono ilo. I		Form 990-T	
										(-5-5)

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/04	13,681.	13,291.	390.	390.
12/31/05	6,607.	0.	6,607.	6,607.
12/31/11	1,662.	0.	1,662.	1,662.
12/31/12	3,653.	0.	3,653.	3,653.
12/31/13	1,718.	0.	1,718.	1,718.
12/31/14	1,453.	0.	1,453.	1,453.
12/31/15	374.	0.	374.	374.
NOL CARRYOV	ER AVAILABLE THIS Y	YEAR	15,857.	15,857.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

December 31, 2023

Prepared For:			
Laura Baker School Assoc 211 Oak Street Northfield, MN 55057	iation		
Tteramera, tint eeeer			
Prepared By:			
LB CARLSON, LLP 605 HIGHWAY 169, SUITE MINNEAPOLIS, MN 5544			
To be Signed and Dated By:			
The authorized individual(s	s).		
Amount of Tax:			
Total Tax	\$	0	
Less: payments and credits	\$	0	
Plus: other amount		<u>0</u>	
Plus: nterest and penalties	\$	<u> </u>	
No payment required	\$		
Overpayment:			
Credited to your estimated tax	\$	0	
Other amount		0	
Refunded to you	\$	0	
Make Check Payable To:			
Not applicable			
Mail Tax Return and Check (if applicable	e) To:		
Minnesota Revenue Mail Station 1257 St. Paul, MN 55146-1257			
Return Must be Mailed On or Before:			
Please mail as soon as pos	ssible.		
Special Instructions:			
opoolal illott dottollo.			

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Laura Baker School Association 211 Oak Street Northfield, MN 55057

Prepared By:

LB CARLSON, LLP 605 HIGHWAY 169, SUITE 650 MINNEAPOLIS, MN 55441

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Return must be mailed on or before:

July 15, 2024

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2023 Annual Report on the check or money order.

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

STATE OF MINNESOTA

C2

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information				
Legal Name of Organization LAURA BAKER SCHOOL AS	SOCIATION			
Federal EIN: 41-1291483	Fiscal Year-End: 12312023 mm/dd/yyyy			
	Did the organization's fiscal year-end change? Yes X No			
Mailing Address: SANDRA GERDES	Physical Address: SANDRA GERDES			
Contact Person 211 OAK STREET	Contact Person 211 OAK STREET			
Street Address NORTHFIELD, MN 55057	Street Address NORTHFIELD, MN 55057			
City, State, and ZIP Code (507) 645 – 8866	City, State, and ZIP Code (507)645-8866			
Phone Number SANDI@LAURABAKER.ORG	Phone Number SANDI@LAURABAKER.ORG			
Email Address	Email Address			
1. Organization's website: www.laurabaker.org 2. List all of the organization's alternate and former names (attach list if names under which the organization solicits contributions (attabs a laura baker services association) 3. List all names under which the organization solicits contributions (attabs a laura baker services association)	Alternate Former Alternate Former Ch list if more space is needed).			
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No			
5. Total amount of contributions the organization received from Minneso	ta donors: \$ 701,513.			
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.				
7. Has the organization significantly changed its purpose(s) or program(s Yes X No If yes, attach explanation.)?			

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.				
9.	 Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed): 				
	Name of Professional Fundraiser	Compensation			
	Street Address	City, State, and ZIP Code			
10.	0. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.				
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? X Yes No				
	If yes, provide the following information for the five highest paid individuals:				
	Name and title SANDRA GERDES	Compensation*	Other compensation		
	EXECUTIVE DIRECTOR	109,145.	0.		
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10 issued by the organization and its related organizations to the individual. See Minn. Sta				

3(i) and Minn. Stat. \S 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME			
1.	Contributions Received	\$	1	
2.	Government Grants	\$	2	
3.	Program Service Revenue	\$	3	
4.	Other Revenue	\$	4	
5.	TOTAL INCOME	\$	5	
EXPE	NSES			
6.	Program Expenses	\$	6	
7.	Management & General Expenses	\$	7	
8.	Fund-raising Expenses	\$	8	
9.	TOTAL EXPENSES		9	
10.	EXCESS or DEFICIT	\$	10	
	(Line 5 minus Line 9)			
ASSE	TS .			
11.	Cash	\$	11	
12.	Land, Buildings & Equipment	\$	12	
13.	Other Assets	\$	13	
14.	TOTAL ASSETS	\$	14	
LIAB	ILITIES			
15.	Accounts Payable	\$	15	
16.	Grants Payable	\$	16	
17.	Other Liabilities	\$		
18.	TOTAL LIABILITIES	\$	18	
FUND BALANCE/NET WORTH \$				

(Line 14 minus Line 18)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to mulviduals in the o.o.				
".	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
".	trustees, and key employees				
6.	Compensation not included above, to disqualified				
".	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
0.	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
	-				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
а.					
b.					
С.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and				
	fundraising solicitation				

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. \S 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly	constituted officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursu	uant to the resolution of the
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the	he document, and do hereby certify that the
	_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and ha	eve supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true	, correct and complete to the best of our knowledge.
SANDRA GERDES	
Name (Print)	Name (Print)
Signature	Signature
EXECUTIVE DIRECTOR	
Title	Title
Date	





2023 M4NP, Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to 2023 Unrelated Business Income Tax Return Instructions on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01/01/2023, and ending (MM/DD/YYYY) 12/31/2023 (required)

	JRA BAKER SCHOOL ASSOCIATION	411291483	5091143
	of Organization	FEIN	Minnesota Tax ID (required)
	1 OAK STREET		
	g Address Check if New Address	This Organization Files Federal Fo	
City	RTHFIELD MN State ZIP Code	X 990-T 1120-C	1120-H 1120-POL
-	,	Exempt Under IRS Section (Check	
Check		X 501(c)(3)	528 Other:
That	Apply: Return an Extension Enter Close Date:	Enter your NAICS Codes (Refer to i	nst., pg. 4)
Aro v	ou filing a combined income return? Yes X No	-	_ /
Ale y	ou ming a combined income return:	Was any business conducted out	side of Minnesota?
Check	if reporting Tax Position Disclosure (Enclose Form TPD)	Yes (Complete and attach s	chedule M4NPA) X No
1	Federal taxable income before net operating loss and specific deduction	Vou m	ust round amounts to postset whole dollar
•	(total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25		ust round amounts to nearest whole dolla
	1120-H, line 17; or 1120-POL, line 17c)	_	
	7720 77, 1110 77, 07 7720 7 02, 1110 770,		
2	Total additions to federal taxable income (from Form M4NPI, line 1)	2	
3	Federal taxable income after additions (add lines 1 and 2)	3	·
4	Total subtractions from federal taxable income (from Form M4NPI, line 2)	4	
_			
5	Federal taxable income (loss) after subtractions (refer to instructions). If you		
	within and outside Minnesota, complete Form M4NPA (refer to instructions		
	activities were conducted in Minnesota, do not complete Form M4NPA. Ente	er iiile 5 on iiile 6 5	
6	Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of	your activities	
	were conducted in Minnesota, enter amount from line 5 above.		
	,		
7	Minnesota net operating loss deduction (from Form M4NP NOL)	7	
8	Subtract line 7 from line 6 (if zero or less, enter zero)	8	0
		_	
9	Total deductions from taxable net income (from Form M4NPI, line 3)	9	
10	Toyobla income (s. b.) and if a O. (s. a. l'a. o. (s. a. a. l. a. a. a. l. a. a. a. l. a. a. l. a. a. a. l. a. a. a. l. a. a. a. l. a. a. a. a. l. a.	10	0
10	Taxable income (subtract line 9 from line 8; if zero or less, enter zero)	10	
11	Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)	11	0
• •			
12	Proxy tax (refer to instructions, pg. 4)	12	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13	Tax before credits (add lines 11 and 12)	13	
14	Total credits against tax (from Form M4NPI, line 4)	14	
15	Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zer	o) 15	

Continued next page

2023 M4NP, UBIT Return Page 2 (continued)

	URA BAKER SCHOOL ASSOCIAT	ION	411291483	5091143
Name	of Organization		FEIN	Minnesota Tax ID
16	Minnesota Nongame Wildlife Fund donation (refer to instructions, pg. 4)	16	
17	Add lines 15 and 16		17	
18	Total refundable credits (from Form M4NPI, lin	ne 5) 18		
19	Amount credited from your 2022 Form M4NP,	line 32 19		
20	2023 estimated tax payments	20		
21	2023 extension payment	21		
22	Total refundable credits and payments (add lin	nes 18, 19, 20, and 21)	22	
23	Subtract line 22 from line 17		23	
24	Penalty (determine from worksheet in the instr	ructions, pg. 5)	24	
25	Interest (determine from worksheet in the insti	ructions, pg. 5)	25	
26	Additional charge for underpayment of estima	,	17)26	
27	Tax, Nongame Wildlife Fund donation, penalty charge for underpayment of estimated tax (add		27	
28	Amount from line 27		28	
29	Amount from line 22		29	
30	AMOUNT DUE. If line 28 is more than or equa	I to line 29, subtract line 29 from	28 30	
	Payment method: Electronic (Refer to instructions, page 2.)	Check	Amen	ded Return Payment by Check
31	OVERPAYMENT. If line 29 is more than line 29 subtract line 28 from line 29	·		
32	Amount of line 31 to be credited to your 2024	estimated tax 32		
33	Refund (subtract line 32 from line 31)	33		
	ave your refund direct deposited, enter your bacture type: Checking Savings			
1 4-	Routing Number	· ·		tted with any foreign banks)
	clare that this return is correct and complete to	EXECUTIVE DIRECT		5076458866
Autho		Title P00296781	06/05/2024	
Signa	ture of Preparer	PTIN	Date (MM/DD/YYYY)	Preparer's Daytime Phone
SA	NDI@LAURABAKER.ORG			
Email	Address for Correspondence, if Desired		This email address belongs	to (check one) Employee Paid Prepare

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257 359572 $^{10-03-23}$ 1116

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.





2023 M4NP NOL, Net Operating Loss Deduction

For tax-exempt organizations and cooperatives that file federal Form 990-T or 1120-C.

LAURA BAKER SCHOOL ASSOCIATION 411291483 5091143
Name of Organization FEIN 5091143

Year	Minnesota Taxable Net Income/Loss	Minnesota Losses Used	Minnesota Losses Carried Back	Losses Remaining
Oldest Loss Year				
12312004	-13681			-13681
Subsequent Year 1 1 2 3 1 2 0 0 5	-6607			-20288
$\frac{12312005}{2}$	0007			
12312006	10852	-10852		-9436
12312007	2439	-2439		-6997
12312008	-612			-7609
12312009	0			-7609
12312010	0			-7609
12312011	-1662			-9271
12312012	-3653			-12924
9 12312013	-1718			-14642
12312014	-1453			-16095
12312015	-374			-16469
12312019	-3915			-20384
12312020	-1129			-21513
12312022	0			-21513
12312023	0	Not Constituted and Resident	Table and David Co.	-21513
	2023 Summary:	Net Operating Loss Deduction	Total Losses Remaining (to be -21513	carried forward)
		Enter on Form M4NP line	·	-

Enter on Form M4NP, line 7