

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COPPER SHORES COMMUNITY HEALTH FOUNDATION Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 QUINCY ST, PO BOX 299 _____ City or town, state or province, country, and ZIP or foreign postal code HANCOCK MI 49930	D Employer identification number 38-3022945 E Telephone number 906-523-5920 G Gross receipts \$ 8,751,915
	F Name and address of principal officer: KEVIN STORE PO BOX 299 HANCOCK MI 49930	
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.COPPERSHORES.ORG H(c) Group exemption number _____		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1990 M State of legal domicile: MI		

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT THE CHARITABLE HEALTH NEEDS OF THE COMMUNITY THROUGH ENHANCED PHILANTHROPY AND COMMUNITY COLLABORATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-B, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,339,015	2,373,869
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		36,032
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,189,424	3,589,638
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	620,076	15,684
		8,148,515	6,015,223
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,300,471	2,590,310
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	667,938	1,044,060
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	367,508	447,322
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,335,917	4,081,692
19 Revenue less expenses. Subtract line 18 from line 12	4,812,598	1,933,531	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	85,620,667	73,990,365
	22 Net assets or fund balances. Subtract line 21 from line 20	153,143	1,235,092
	85,467,524	72,755,273	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KEVIN STORE	Date	EXECUTIVE DIRECTOR
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name RYAN A. MARKHAM	Preparer's signature	Date
	Firm's name RUKKILA, NEGRO AND ASSOCIATES, CPAS, PC	Check <input type="checkbox"/> if self-employed	PTIN P01330175
	Firm's address 310 SHELDEN AVENUE HOUGHTON, MI 49931-1964	Firm's EIN 38-3435918	Phone no. 906-482-6601

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO SUPPORT THE CHARITABLE HEALTH NEEDS OF THE COMMUNITY THROUGH ENHANCED PHILANTHROPY AND COMMUNITY COLLABORATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,353,304 including grants of \$ 1,344,627) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 900,438 including grants of \$ 369,288) (Revenue \$ 36,032)
SEE SCHEDULE O

4c (Code:) (Expenses \$ 386,519 including grants of \$ 386,504) (Revenue \$)
SAFE & HEALTHFUL COMMUNITIES

SAFE COMMUNITIES & RECREATION ARE AN IMPORTANT FACET OF A HEALTHY COMMUNITY. ACCESS TO RESOURCES THROUGH THE BUILT ENVIRONMENT AND RECREATIONAL ASSETS PROVIDE AND CONTRIBUTE TO AN INDIVIDUALS' CHOICE TO LIVE A HEALTHIER LIFESTYLE. IN ADDITION, SUPPORT OF RECREATION FOCUSED ON COMMUNITY GROUPS, LOCAL EMERGENCY SERVICES, AND LAW ENFORCEMENT EFFORTS, ALONG WITH SUPPORT FOR MOBILIZATION RECREATION PLANNING THROUGH THE MANY MUNICIPAL PARTNERS IN THE REGION ALL CONTRIBUTE TO MAKING A HEALTHIER, SAFER, AND MORE VIBRANT COMMUNITY.

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

(Expenses \$ 494,600 including grants of \$ 489,891) (Revenue \$)

4e Total program service expenses 3,134,861

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
35b		X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			11
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	42		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, 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? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	9	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?	X	
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?	X	
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 COPPER SHORES COMMUNITY HEALTH FOUN PO BOX 299
 HANCOCK

MI 49930

906-523-5920

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) KEVIN STORE EXECUTIVE DIRECTOR	40.00 0.00			X			147,364	0	35,564
(2) BERNADETTE YEOMAN-OUELLETTE CHAIR	2.30 0.00	X		X			0	0	0
(3) BRENT PETERSON VICE CHAIR	1.00 0.00	X		X			0	0	0
(4) BRUCE RUKKILA TREASURER	1.50 0.00	X		X			0	0	0
(5) ANN CLANCY-KLEMMIE SECRETARY	1.30 0.00	X		X			0	0	0
(6) MICHELE BLAU DIRECTOR	0.40 0.00	X					0	0	0
(7) GUY ST. GERMAIN DIRECTOR	0.70 0.00	X					0	0	0
(8) JAMES BOBULA DIRECTOR	0.60 0.00	X					0	0	0
(9) JAMEY MARKHAM DIRECTOR	0.50 0.00	X					0	0	0
(10) PAUL OLLILA DIRECTOR	0.30 0.00	X					0	0	0
(11)									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							147,364		35,564	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							147,364		35,564	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	103,057			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,270,812			
	g Noncash contributions included in lines 1a-1f	1g	\$ 30,840			
	h Total. Add lines 1a-1f		2,373,869			
	Program Service Revenue	2a PROGRAM REVENUE	Business Code 624210	36,032	36,032	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			36,032			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,410,089		1,410,089	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,751,178	1,165,063	
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b	2,734,121	2,571		
	c Gain or (loss)	7c	1,017,057	1,162,492		
	d Net gain or (loss)		2,179,549	2,179,549		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a GRANTS RETURNED	Business Code	12,500	12,500		
	b OTHER INCOME		3,184	3,184		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		15,684			
12 Total revenue. See instructions		6,015,223	2,231,265	0	1,410,089	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,334,820	2,334,820		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	255,490	255,490		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,537		147,537	
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	533,984	230,811	303,173	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,406	23,472	29,934	
9	Other employee benefits	250,373	164,507	85,866	
10	Payroll taxes	58,760	21,612	37,148	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	43,530		43,530	
c	Accounting	37,929	267	37,662	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,000		30,000	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,220		1,220	
12	Advertising and promotion	63,479	2,813	60,666	
13	Office expenses	36,930	14,803	22,127	
14	Information technology	18,379	634	17,745	
15	Royalties				
16	Occupancy	52,807	9,998	42,809	
17	Travel	14,496	1,789	12,707	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,957	251	13,706	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,872	1,570	7,302	
23	Insurance	14,778		14,778	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOOD	48,660	48,660		
b	DUES AND SUBSCRIPTIONS	18,862	142	18,720	
c	SUPPLIES AND SMALL EQUIPM	13,046	13,046		
d	EVENT COORDINATION	9,319		9,319	
e	All other expenses	21,058	10,176	10,882	
25	Total functional expenses. Add lines 1 through 24e	4,081,692	3,134,861	946,831	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	535,570	1	894,308	
	2	Savings and temporary cash investments	10,253	2	10,264	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	207,000	4	137,772	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7	1,357,234	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	10,646	9	24,207	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	163,294		
	b	Less: accumulated depreciation	10b	54,238	10c	109,056
	11	Investments—publicly traded securities	76,797,460	11	63,335,863	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	8,004,557	15	8,121,661	
16	Total assets. Add lines 1 through 15 (must equal line 33)	85,620,667	16	73,990,365		
Liabilities	17	Accounts payable and accrued expenses	72,175	17	91,531	
	18	Grants payable	80,968	18	973,927	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	169,634	
	26	Total liabilities. Add lines 17 through 25	153,143	26	1,235,092	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	85,112,804	27	72,510,563	
	28	Net assets with donor restrictions	354,720	28	244,710	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	85,467,524	32	72,755,273	
33	Total liabilities and net assets/fund balances	85,620,667	33	73,990,365		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,015,223
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,081,692
3	Revenue less expenses. Subtract line 2 from line 1	3	1,933,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	85,467,524
5	Net unrealized gains (losses) on investments	5	-14,619,423
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	-26,359
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	72,755,273

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Name of the organization COPPER SHORES COMMUNITY HEALTH FOUNDATION	Employer identification number 38-3022945
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,313,368	498,276	1,430,511	1,339,015	2,373,869	6,955,039
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,313,368	498,276	1,430,511	1,339,015	2,373,869	6,955,039
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						76,870
6 Public support. Subtract line 5 from line 4						6,878,169

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,313,368	498,276	1,430,511	1,339,015	2,373,869	6,955,039
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,219,461	1,275,424	1,130,315	1,559,960	1,410,089	6,595,249
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-392,738	577,199	60,985	620,077	15,684	881,207
11 Total support. Add lines 7 through 10						14,431,495
12 Gross receipts from related activities, etc. (see instructions)					12	45,478

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	47.66%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	42.00%

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		X

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
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.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (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	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

JOINT VENTURE GAIN/LOSS & MISC. \$ 245,446

GRANTS RETURNED \$ 614,871

OTHER INCOME-RESTITUTION \$ 20,890

**Schedule B
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceAttach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.**2022**

Name of the organization COPPER SHORES COMMUNITY HEALTH FOUNDATION	Employer identification number 38-3022945
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

Name of organization COPPER SHORES COMMUNITY	Employer identification number 38-3022945
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES A RUPPE FOUNDATION 227 W MONROE ST NO. 4400 CHICAGO IL 60606-5096	\$ 67,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PORTAGE LEGACY, INC. 500 CAMPUS DR HANCOCK MI 49930	\$ 1,555,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE KLUNGNESS FAMILY FOUNDATION INC 501 SILVERSIDE RD SUITE 123 WILMINGTON DE 19809	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UPPER PENINSULA COMMISSION FOR AREA PROGRESS 2501 14TH AVENUE SOUTH PO BOX 606 ESCANABA MI 49829	\$ 98,877	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2022

Open to Public Inspection

Name of the organization: COPPER SHORES COMMUNITY HEALTH FOUNDATION. Employer identification number: 38-3022945.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes Yes/No checkboxes for questions 5 and 6.

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

Form for conservation easements including checkboxes for purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-7 regarding monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for art and historical treasures including questions 1a, 1b, 2, and 3 regarding reporting requirements and revenue/assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	165,418	97,048	58,981		
b Contributions		90,000	25,000	50,000	
c Net investment earnings, gains, and losses	-23,387	14,369	13,068	8,981	
d Grants or scholarships		36,000			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	142,031	165,418	97,048	58,981	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 64.33 %
 - b Permanent endowment 35.67 %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		46,837	13,057	33,780
d Equipment		116,457	41,181	75,276
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				109,056

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) EQUITY INVESTMENTS	7,952,027
(2) RIGHT OF USE ASSET-OFFICE LEASE	169,634
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	8,121,661

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE OBLIGATION	169,634
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	169,634

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	-8,259,968
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-14,619,423
b	Donated services and use of facilities	2b	7,226
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	367,006
e	Add lines 2a through 2d	2e	-14,245,191
3	Subtract line 2e from line 1	3	5,985,223
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,000
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,015,223

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,484,550
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,226
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	650,550
e	Add lines 2a through 2d	2e	657,776
3	Subtract line 2e from line 1	3	3,826,774
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,000
b	Other (Describe in Part XIII.)	4b	224,918
c	Add lines 4a and 4b	4c	254,918
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,081,692

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ONTONAGON COUNTY CANCER BOARD DESIGNATED ENDOWMENT IS INTENDED TO SUPPORT CANCER RELATED SERVICES, SCREENINGS, WELLNESS AND HEALTH RELATED SUPPORT SERVICES WITHIN ONTONAGON COUNTY. THE PERMANENT SCHOLARSHIP ENDOWMENT IS INTENDED TO SUPPORT ONTONAGON AREA SCHOOLS GRADUATES WITH SCHOLARSHIPS

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SUBSIDIARY INCOME 1/1-9/30 \$ 367,006

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SUBSIDIARY EXPENSES 1/1-9/30 \$ 650,550

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

GRANT TO SUBSIDIARY ELIMINATED ON FS \$ 224,918

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

COPPER SHORES COMMUNITY
HEALTH FOUNDATION

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

Employer identification number

38-3022945

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	31 BACKPACKS 1100 CENTURY WAY, STE C HOUGHTON MI 49931	45-4916842	3	62,263		BOOK		FOOD, GENERAL
(2)	AHMEK VILLAGE VOLUNTEER FIRE DEPT. 111 VIVIAN STREET AHMEK MI 49901	85-1254853	3	11,252		BOOK		GENERAL SUPPORT
(3)	BARAGA AREA SCHOOLS 210 LYONS STREET BARAGA MI 49908	38-6000433	GOV	22,500		BOOK		TRAUMA
(4)	BARAGA COUNTY SHELTER HOME 11 S FOURTH ST L'ANSE MI 49946	38-2512571	3	17,794		BOOK		GENERAL SUPPORT
(5)	BARBARA KETTLE GUNDLACH SHELTER 620 CONGLOMERATE ST ONTONAGON MI 49953	38-2321126	3	43,994		BOOK		FAMILY SUPPORT
(6)	BIG BROTHER/BIG SISTERS PO BOX 428 HOUGHTON MI 49931	38-1368336	3	31,181		BOOK		GENERAL SUPPORT
(7)	BOOTJACK FIRE AND RESCUE DEPARTMENT 4715 BOOTJACK RD LAKE LINDEN MI 49945	38-3541429	GOV	20,030		BOOK		GENERAL SUPPORT
(8)	CAMP JOSH 34239 QUARTERLINE RD ONTONAGON MI 49953	38-3541669	3	29,744		BOOK		GENERAL SUPPORT
(9)	CHASSELL TOWNSHIP PUBLIC SCHOOLS 41585 US HIGHWAY 41 CHASSELL MI 49916	38-6001478	GOV	22,500		BOOK		TRAUMA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **44**

3 Enter total number of other organizations listed in the line 1 table **0**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047
2022
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **COPPER SHORES COMMUNITY HEALTH FOUNDATION**
Employer identification number: **38-3022945**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CITY OF HOUGHTON 616 SHELDEN AVE HOUGHTON MI 49931	38-6007225	GOV	139,463		BOOK		TASK FORCE SUPPORT
(2)	COPPER COUNTRY ANGEL MISSION 119 FIFTH STREET CALUMET MI 49913	84-4106746	3	51,759		BOOK		GENERAL SUPPORT
(3)	COPPER COUNTRY HABITAT FOR HUMANITY PO BOX 231 HOUGHTON MI 49931	38-3113603	3	21,966		BOOK		GENERAL SUPPORT
(4)	COPPER COUNTRY INTERMEDIATE SCHOOL 809 HECLA ST HANCOCK MI 49930	69-0351635	GOV	45,800		BOOK		COVID FUNDING
(5)	COPPER COUNTRY JR. HOCKEY ASSOCIAT PO BOX 502 HANCOCK MI 49930	23-7065498	3	12,297		BOOK		SPORT SUPPORT
(6)	COPPER COUNTRY SENIOR MEALS 821 W WATER ST HANCOCK MI 49930	38-3041729	3	224,918		BOOK		GENERAL SUPPORT
(7)	COPPER HARBOR TRAILS CLUB 230 GRATIOT ST COPPER HARBOR MI 49918	26-2959858	3	132,907		BOOK		RECREATIONAL SUPPORT
(8)	COPPER ISLAND ACADEMY 52125 INDUSTRIAL DR CALUMET MI 49913	86-3641151	GOV	11,542		BOOK		EDUCATIONAL SUPPORT
(9)	CORO MEDICAL 416 MARY L POLK DR, SUITE 505 FRANKLIN TN 37067	82-2669986	3	49,750		BOOK		HEALTH SUPPORT

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

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2022

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

COPPER SHORES COMMUNITY
HEALTH FOUNDATION

Employer identification number

38-3022945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	DAN SCHMIDT GIFT OF MUSIC 2239 N FARMERS BLOCK RD ALLOUEZ MI 49805	45-5214071	3	8,533		BOOK		GENERAL SUPPORT
(2)	DIAL HELP 609 SHELDEN AVENUE HOUGHTON MI 49931	38-2026918	3	530,107		BOOK		CRISIS UNIT FUNDING
(3)	DOLLAR BAY TAMARACK SCHOOLS 48475 MAPLE DRIVE DOLLAR BAY MI 49922	38-6001485	GOV	18,000		BOOK		TRAUMA, FOOD
(4)	FEEDING AMERICA 161 NORTH CLARK STREET CHICAGO IL 60601	36-3673599	3	13,200		BOOK		FOOD PROGRAM
(5)	FRIENDS OF THE PORKIES PO BOX 221 ONTONAGON MI 49953	38-3388836	3	9,258		BOOK		GENERAL SUPPORT
(6)	GREAT LAKES RECOVERY CENTER 97 SOUTH FOURTH ST ISHPEMING MI 49849	38-2453316	3	14,602		BOOK		GENERAL SUPPORT
(7)	HANCOCK PUBLIC SCHOOLS 501 CAMPUS DRIVE HANCOCK MI 49930	38-6001483	GOV	24,750		BOOK		RECREATIONAL FACILIT
(8)	HOUGHTON COUNTY SHERIFF 403 E. HOUGHTON AVE. HOUGHTON MI 49931	38-6004855	GOV	8,800		BOOK		LIFESAVER PROJECT
(9)	KBIC 16429 BEAR RD BARAGA MI 49908	38-1743340	GOV	78,124		BOOK		MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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Name of the organization

COPPER SHORES COMMUNITY
HEALTH FOUNDATION

Employer identification number

38-3022945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	KEWEENAW FAMILY RESOURCE CENTER 850 W SHARON AVE, STE 6 HOUGHTON MI 49931	38-3138462	3	19,747		BOOK		GENERAL SUPPORT
(2)	KEWEENAW NORDIC SKI CLUB PO BOX 564 HAWCOCK MI 49930	38-3439782	3	37,193		BOOK		RECREATIONAL SUPPORT
(3)	KEWEENAW RANDOM ACTS OF KINDNESS PO BOX 343 AHMEEK MI 49901	47-1446118	3	6,464		BOOK		GENERAL SUPPORT
(4)	L'ANSE AREA SCHOOL DISTRICT 201 N FRONT STREET L'ANSE MI 49946	38-6000435	GOV	45,854		BOOK		TRAUMA
(5)	L'ANSE TOWNSHIP 126 N MAIN L'ANSE MI 49946	38-6007812	GOV	20,000		BOOK		GENERAL SUPPORT
(6)	LITTLE BROTHERS FRIENDS OF THE ELDE 527 HAWCOCK STREET HAWCOCK MI 49930	38-2411631	3	124,922		BOOK		FOOD SUPPORT
(7)	MAIN STREET CALUMET PO BOX 188 CALUMET MI 49913	01-0791312	3	25,000		BOOK		FOOD SUPPORT
(8)	MOUNTAIN LIONS 35781 US HWY 45 ONTONAGON MI 49953	38-2486533	3	14,000		BOOK		ANIMAL PROTECTION
(9)	OMEGA HOUSE 2211 MAUREEN LANE HOUGHTON MI 49931	38-3511814	3	134,260		BOOK		GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

COPPER SHORES COMMUNITY
HEALTH FOUNDATION

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

Employer identification number

38-3022945

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ONTONAGON COUNTY CANCER ASSOC PO BOX 282 ONTONAGON MI 49953	38-2865670	3	16,439		BOOK		GENERAL SUPPORT
(2)	PUBLIC SCHOOLS OF CLK 57070 MINE ST CALUMET MI 49913	38-3320033	GOV	66,969		BOOK		COVID
(3)	SIMPLE KINDNESS TO YOUTH 809 HECLA ST HANCOCK MI 49930	80-0551359	3	18,309		BOOK		EDUCATIONAL SUPPORT
(4)	STANTON TOWNSHIP PUBLIC SCHOOLS 50870 HOLMAN ROAD HOUGHTON MI 49931	38-2005834	GOV	16,500		BOOK		COVID & TRAUMA
(5)	SUPERIOR SEARCH & RESCUE PO BOX 682 HOUGHTON MI 49931	38-2971413	3	13,337		BOOK		GENERAL SUPPORT
(6)	SWEDETOWN TRAILS CLUB PO BOX 214 CALUMET MI 49913	38-2628847	3	35,049		BOOK		GENERAL SUPPORT
(7)	UNITE UP 1014 COLLEGE AVE HOUGHTON MI 49931	86-2144844	3	6,777		BOOK		GENERAL SUPPORT
(8)	UP HUMAN TRAFFICKING TASK FORCE PO BOX 232 MARQUETTE MI 49855	83-1831010	GOV	5,535		BOOK		SAFETY SUPPORT
(9)								

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

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

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

Schedule I (Form 990) (2022)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	43	223,400		CASH	
2 SAFE COMMUNITY SUPPLIES	3	4,049		CASH	
3 POVERTY EDUC. SUPPLIES	2	3,322		CASH	
4 FOOD SUPPLIES	3	11,546		CASH	
5 INCOME STAB/SUPPLIES&GAS	27	10,514		CASH	
6 HEALTHY IND/SUPPLIES&TRAI	2	2,659		CASH	
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THE ORGANIZATION REQUESTS A PROGRAM OVERVIEW AND BUDGET, A SIX-MONTH
 PROGRESS REPORT, AND A FINAL STATUS REPORT COMPLETED WITHIN 60 DAYS FROM
 THE FINAL EXPENDITURES.

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

COPPER SHORES COMMUNITY
HEALTH FOUNDATION

Employer identification number

38-3022945

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KEVIN STORE EXECUTIVE DIRECTOR	143,164 0	4,000 0	200 0	13,317 0	22,247 0	182,928 0	0 0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open To Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

HEALTH FOUNDATION

Employer identification number

38-3022945

Part 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	(d) Method of determining noncash contribution amounts
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	X	1	30,646	
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				
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				
25 Other ()				
26 Other (SUPPLIES)	X	1	194	
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**COPPER SHORES COMMUNITY
HEALTH FOUNDATION

Employer identification number

38-3022945

FORM 990, PART I, LINE 6

COMMUNITY MEMBERS WHO ASSISTED ON VARIOUS COMMITTEES THROUGHOUT THE YEAR.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

ACCESS TO CARE-

GRANTS TO ORGANIZATIONS AND INDIVIDUALS TO MEET THE FINANCIALS RESOURCES
NEEDED TO DEVELOP NEW AND/OR EXPANDED HEALTH SERVICES WITH MEET A
COMMUNITY'S NEEDS, AS WELL AS PROVIDING GAS CARDS TO INDIVIDUALS TO BE USED
FOR MEDICAL TRAVEL.

GIVING TUESDAY-CAMPAIGN AIMED INVOLVING THE LOCAL COMMUNITY TO JOIN IN ON
THE GLOBAL GENEROSITY MOVEMENT WHICH CREATES A DAY THAT ENCOURAGES PEOPLE
TO DONATE TO A LIST OF QUALIFIED NON-PROFIT CHARITIES. THE FOUNDATION
MATCHES THE COMMUNITY DONATIONS UP TO A SPECIFIED DOLLAR AMOUNT EACH YEAR.
THE FOUNDATION HAS AIDED IN MORE THAN \$2.7 MILLION DOLLARS IN DONATIONS TO
NON-PROFIT ORGANIZATIONS IN BARAGA, HOUGHTON, KEWEENAW AND ONTONAGON
COUNTIES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

FOOD STABILITY

THE FOUNDATION HAS RESEARCHED THE WAYS IN WHICH FOOD INSECURITIES AND
NUTRITION AFFECT AN INDIVIDUAL'S OVERALL HEALTH. IN AN EFFORT TO REDUCE THE
NEGATIVE EFFECTS OF FOOD INSECURITIES, HUNGER, AND POOR NUTRITION, THE
FOUNDATION HAS BEGUN IDENTIFYING FUNDING STRATEGIES TO ADDRESS THE
COMMUNITY'S AWARENESS TO FOOD AND THE CRITICAL IMPACT IT HAS ON INDIVIDUAL
AND POPULATION HEALTH. THE FOUNDATION'S GRANTING AND HANDS-ON WORK WITHIN

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

Schedule O (Form 990) 2022

Name of the organization

COPPER SHORES COMMUNITY

Employer identification number

38-3022945

THE COMMUNITY IS INTENDED TO CURB THE HEALTH RISKS ASSOCIATED WITH FOOD INSECURITY AND NUTRITIONAL INSTABILITY. ON 10/1/22 THE FOUNDATION'S WHOLLY OWNED SUBSIDIARY COPPER COUNTRY SENIOR MEALS MERGED WITH AND INTO THE FOUNDATION. ACTIVITY FROM COPPER COUNTRY SENIOR MEALS PROGRAM AFTER 9/30/22 IS INCLUDED WITHIN THE FOOD STABILITY PROGRAM, AND INCLUDES PROVIDING NUTRITIOUS MEALS TO SENIOR CITIZENS IN THEIR HOMES OR AT CONGREGATE SITES AS WELL AS PROVIDING MEALS TO THE LOCAL HEAD START PROGRAM.

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

HEALTHY INDIVIDUALS

PROVIDES GRANTS, INCLUDING SUBSTANCE USE DISORDER, SPECIFICALLY ADDRESSING THE NEEDS OF OUR POPULATION.

-EARLY INTERVENTION AND PREVENTION PROGRAMS INCLUDING SUBSTANCE USE DISORDER.

-EMERGENCY AND MOBILE CRISIS RESPONSE.

-MENTAL AND BEHAVIORAL HEALTH SERVICE ACCESS, COORDINATION, AND NAVIGATION.

-SUICIDE PREVENTION AND AWARENESS.

-YOUTH LEADERSHIP AND RESILIENCY DEVELOPMENT.

-PARENT EDUCATION AND ENGAGEMENT.

-ADDICTION SERVICES.

-PROGRAMMING ADDRESSING OTHER FORMS OF MENTAL ILLNESS, STRESS REDUCTION, AND ANXIETY, AND DEPRESSION THAT MAY INCLUDE PHYSICAL AND MINDFULNESS ACTIVITIES.

ACCESS TO EDUCATION

EDUCATION IS AN IMPORTANT COMPONENT TO A HEALTHIER COMMUNITY. HEALTH RISK STUDIES HAVE SHOWN POPULATIONS AND INDIVIDUALS WITH HIGHER LEVELS OF EDUCATION COMPLETION GENERALLY HAVE NOTICEABLY REDUCED HEALTH RISK FACTORS.

Name of the organization

COPPER SHORES COMMUNITY

Employer identification number

38-3022945

IN ADDITION, ACCESS TO EDUCATIONAL TRAINING AND THE RETENTION OF THOSE STUDENTS WITHIN THE LOCAL COMMUNITY CONTRIBUTE TO A MORE VIBRANT AND PROSPEROUS ECONOMY, FURTHER REDUCING HEALTH RISK FACTORS THAT ARE MORE COMMONLY ASSOCIATED AND PRONOUNCED WITH LOWER INCOME EARNING HOUSEHOLDS. IN ADDITION TO ACCESS TO EDUCATION, MEDICAL INNOVATION AND RESEARCH IS A CRITICALLY IMPORTANT ASPECT OF THE FOUNDATION'S INVESTMENT IN THE LOCAL COMMUNITY. THROUGH PARTNERSHIP WITH EDUCATIONAL INSTITUTIONS, THE FOUNDATION IS ABLE TO SUPPORT RESEARCH AND OTHER ACADEMIC OFFERINGS THAT WILL HELP INFORM, ADDRESS, OR BE APPLIED TO HEALTH RISK FACTORS WITHIN THE LOCAL COMMUNITIES.

INCOME STABILITY

POVERTY INTERSECTS NEARLY ALL OTHER AREAS OF SOCIAL DETERMINANTS OF HEALTH AND THE HEALTH RISK FACTORS ASSOCIATED WITH THEM. THE FOUNDATION HAS UNDERTAKEN THE STEPS NECESSARY TO LAUNCH A FORMAL POVERTY LITERACY AND MITIGATION PROGRAM THAT INCLUDES COMMUNITY ENGAGEMENT, ECONOMIC DEVELOPMENT, FINANCIAL EDUCATION AND LITERACY TRAINING, AND OTHER STEPS TO BUILD COMMUNITY PARTNERSHIPS IN ADDRESSING POVERTY AND THE INHERENT AFFECTS.

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR OF THE FOUNDATION REVIEWS THE FORM 990 IN DETAIL PRIOR TO FILING. THE 990 IS THEN REVIEWED WITH FOUNDATION BOARD MEMBERS AT A REGULARLY SCHEDULED BOARD MEETING. EACH BOARD MEMBER IS PROVIDED A COPY

Name of the organization

COPPER SHORES COMMUNITY

Employer identification number

38-3022945

OF THE FORM 990 FOR REVIEW BEFORE THE RETURN IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AN ANNUAL CONFLICT OF INTEREST POLICY STATEMENT IS COMPLETED AND SIGNED BY EACH BOARD MEMBER. THE EXECUTIVE DIRECTOR REVIEWS THE COMPLETED CONFLICT OF INTEREST FORMS. IF A CONFLICT IS IDENTIFIED, THAT BOARD MEMBER IS EXCUSED FROM ANY DISCUSSION OR VOT RELATING TO THE IDENTIFIED CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE ORGANIZATION UTILIZES WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SURVEY OR STUDIES, AND APPROVAL BY THE BOARD TO ESTABLISH COMPENSATION.

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

THE ORGANIZATION UTILIZES WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SURVEY OR STUDIES, AND APPROVAL BY THE BOARD TO ESTABLISH COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ASSETS RECEIVED FROM MERGER	\$	7,500
OFFSET INVESTMENT IN SUBSIDIARY	\$	-33,859
TOTAL	\$	-26,359

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

COPPER SHORES COMMUNITY
HEALTH FOUNDATION

Employer identification number
38-3022945

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COPPER COUNTRY SENIOR MEALS 821 WATER STREET HANCOCK MI 49930 38-3041729	MEALS	MI	3	7	N/A		X
(2)							
(3)							
(4)							
(5)							

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COPPER COUNTRY SENIOR MEALS	B	224,918	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2022

Department of the Treasury
Internal Revenue Service

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

Attachment Sequence No. **179**

Name(s) shown on return **COPPER SHORES COMMUNITY HEALTH FOUNDATION**

Identifying number
38-3022945

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	22,241
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,571

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	1,507
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	25,319
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

38-3022945

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
26	(2) Dell Latitude c5521, monitors, etc.	3/31/22	6,572		X	0	5 HY 200DB	0	6,572
27	Toshiba ES5015ac copier/printer	3/08/22	11,874		X	0	5 HY 200DB	0	11,874
			<u>18,446</u>			<u>0</u>		<u>0</u>	<u>18,446</u>
7-year GDS Property:									
28	small office printer	10/26/22	3,795		X	0	7 HY 200DB	0	3,795
			<u>3,795</u>			<u>0</u>		<u>0</u>	<u>3,795</u>
Prior MACRS:									
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902		X	1,951	7 HY 200DB	3,902	0
6	Okidata Printer	3/01/14	784		X	392	5 HY 200DB	784	0
7	Leasehold Improvements to office	1/17/14	7,550		X	3,775	7 HY 200DB	7,550	0
8	Office Suite Furniture	3/31/14	20,548		X	10,274	7 HY 200DB	20,548	0
9	Pedestal	4/11/14	344		X	172	7 HY 200DB	344	0
10	Sign	5/02/14	460		X	230	7 HY 200DB	460	0
11	Sign	9/03/14	500		X	250	7 HY 200DB	500	0
12	Telephone	12/15/14	386		X	193	7 HY 200DB	386	0
14	Conference Phone	2/05/15	744		X	372	7 HY 200DB	728	16
15	Office Space Renovation	2/24/15	3,145		X	1,572	7 HY 200DB	3,075	70
16	Sign	3/23/15	632		X	316	7 HY 200DB	618	14
17	Cabinet	5/11/15	555		X	277	7 HY 200DB	543	12
18	Okidata copier/printer	5/20/15	7,912		X	3,956	5 HY 200DB	5,209	132
	Sold/Scrapped: 3/10/22								
19	Executive desk w/ hutch & return	6/11/15	3,468		X	1,734	7 HY 200DB	3,391	77
20	Outdoor Event Tent	8/14/15	1,321		X	661	7 HY 200DB	1,291	30
21	Board iPads (11)	1/11/16	7,684		X	3,842	5 HY 200DB	7,684	0
22	Executive desk with hutch & return	5/01/19	2,610			2,610	7 HY 200DB	1,469	326
23	Dell Power Edge T340 Server	7/15/19	7,200			7,200	5 HY 200DB	5,126	830
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470		X	0	15 HY S/L	29,470	0
25	Wiring Computer equipment	3/31/20	6,672		X	0	15 HY S/L	6,672	0
			<u>105,887</u>			<u>39,777</u>		<u>99,750</u>	<u>1,507</u>
Other Depreciation:									
29	True Milk Cooler	10/01/22	0			0	7 MO S/L	0	0
30	Flat Top Refrig/Freezer Chest	10/01/22	0			0	7 MO S/L	0	0
31	Slicer	10/01/22	0			0	5 MO S/L	0	0
32	Delfield 2 door Freezer	10/01/22	2,819			2,819	7 MO S/L	0	101
33	Reach in Freezer-Calumet	10/01/22	3,207			3,207	7 MO S/L	0	115
34	Electric 2 compartment Hot Box	10/01/22	912			912	7 MO S/L	0	33
35	South Bend Range 72" 4721DD-3TR	10/01/22	7,934			7,934	7 MO S/L	0	283
36	South Bend Range 72" 4721DD-3TR	10/01/22	7,934			7,934	7 MO S/L	0	283
37	7 Electric 2 compartment Hot Boxes	10/01/22	6,717			6,717	7 MO S/L	0	240
38	Computer	10/01/22	2,226			2,226	5 MO S/L	0	111
39	South Bend Convection Oven	10/01/22	11,328			11,328	7 MO S/L	0	405
	Total Other Depreciation		<u>43,077</u>			<u>43,077</u>		<u>0</u>	<u>1,571</u>
	Total ACRS and Other Depreciation		<u>43,077</u>			<u>43,077</u>		<u>0</u>	<u>1,571</u>
	Grand Totals		171,205			82,854		99,750	25,319
	Less: Dispositions and Transfers		7,912			3,956		5,209	132
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>163,293</u>			<u>78,898</u>		<u>94,541</u>	<u>25,187</u>

38-3022945

MI Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
5-year GDS Property:								
26	(2) Dell Latitude e5521, monitors, etc.	3/31/22	6,572	6,572	0	1,314	6,572	5,258
27	Toshiba ES5015ac copier/printer	3/08/22	11,874	11,874	0	2,375	11,874	9,499
			<u>18,446</u>	<u>18,446</u>	<u>0</u>	<u>3,689</u>	<u>18,446</u>	<u>14,757</u>
7-year GDS Property:								
28	small office printer	10/26/22	3,795	3,795	0	542	3,795	3,253
			<u>3,795</u>	<u>3,795</u>	<u>0</u>	<u>542</u>	<u>3,795</u>	<u>3,253</u>
Prior MACRS:								
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902	3,902	3,902	0	0	0
6	Okidata Printer	3/01/14	784	784	784	0	0	0
7	Leasehold Improvements to office	1/17/14	7,550	7,550	7,550	0	0	0
8	Office Suite Furniture	3/31/14	20,548	20,548	20,548	0	0	0
9	Pedestal	4/11/14	344	344	344	0	0	0
10	Sign	5/02/14	460	460	460	0	0	0
11	Sign	9/03/14	500	500	500	0	0	0
12	Telephone	12/15/14	386	386	386	0	0	0
14	Conference Phone	2/05/15	744	744	711	33	16	-17
15	Office Space Renovation	2/24/15	3,145	3,145	3,005	140	70	-70
16	Sign	3/23/15	632	632	604	28	14	-14
17	Cabinet	5/11/15	555	555	531	24	12	-12
18	Okidata copier/printer	5/20/15	7,912	7,912	7,912	0	132	132
	Sold/Scrapped: 3/10/22							
19	Executive desk w/ hutch & return	6/11/15	3,468	3,468	3,313	155	77	-78
20	Outdoor Event Tent	8/14/15	1,321	1,321	1,262	59	30	-29
21	Board iPads (11)	1/11/16	7,684	7,684	7,684	0	0	0
22	Executive desk with hutch & return	5/01/19	2,610	2,610	1,469	326	326	0
23	Dell Power Edge T340 Server	7/15/19	7,200	7,200	5,126	830	830	0
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470	29,470	2,947	1,965	0	-1,965
25	Wiring Computer equipment	3/31/20	6,672	6,672	667	445	0	-445
			<u>105,887</u>	<u>105,887</u>	<u>69,705</u>	<u>4,005</u>	<u>1,507</u>	<u>-2,498</u>
Other Depreciation:								
29	True Milk Cooler	10/01/22	0	0	0	0	0	0
30	Flat Top Refrig/Freezer Chest	10/01/22	0	0	0	0	0	0
31	Slicer	10/01/22	0	0	0	0	0	0
32	Delfield 2 door Freezer	10/01/22	2,819	2,819	0	101	101	0
33	Reach in Freezer-Calumet	10/01/22	3,207	3,207	0	115	115	0
34	Electric 2 compartment Hot Box	10/01/22	912	912	0	33	33	0
35	South Bend Range 72" 4721DD-3TR	10/01/22	7,934	7,934	0	283	283	0
36	South Bend Range 72" 4721DD-3TR	10/01/22	7,934	7,934	0	283	283	0
37	7 Electric 2 compartment Hot Boxes	10/01/22	6,717	6,717	0	240	240	0
38	Computer	10/01/22	2,226	2,226	0	111	111	0
39	South Bend Convection Oven	10/01/22	11,328	11,328	0	405	405	0
	Total Other Depreciation		<u>43,077</u>	<u>43,077</u>	<u>0</u>	<u>1,571</u>	<u>1,571</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>43,077</u>	<u>43,077</u>	<u>0</u>	<u>1,571</u>	<u>1,571</u>	<u>0</u>
	Grand Totals		171,205	171,205	69,705	9,807	25,319	15,512
	Less: Dispositions		7,912	7,912	7,912	0	132	132
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>163,293</u>	<u>163,293</u>	<u>61,793</u>	<u>9,807</u>	<u>25,187</u>	<u>15,380</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902		0	0	1,951	1,951
6	Okidata Printer	3/01/14	784		0	0	392	392
7	Leasehold Improvements to office	1/17/14	7,550		0	0	3,775	3,775
8	Office Suite Furniture	3/31/14	20,548		0	0	10,274	10,274
9	Pedestal	4/11/14	344		0	0	172	172
10	Sign	5/02/14	460		0	0	230	230
11	Sign	9/03/14	500		0	0	250	250
12	Telephone	12/15/14	386		0	0	193	193
14	Conference Phone	2/05/15	744		0	0	372	372
15	Office Space Renovation	2/24/15	3,145		0	0	1,573	1,572
16	Sign	3/23/15	632		0	0	316	316
17	Cabinet	5/11/15	555		0	0	278	277
18	Okidata copier/printer	5/20/15	7,912		0	0	3,956	3,956
19	Executive dcsk w/ hutch & return	6/11/15	3,468		0	0	1,734	1,734
20	Outdoor Event Tent	8/14/15	1,321		0	0	660	661
21	Board iPads (11)	1/11/16	7,684		0	0	3,842	3,842
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470		0	0	29,470	0
25	Wiring Computer equipment	3/31/20	6,672		0	0	6,672	0
26	(2) Dell Latitude e5521, monitors, etc.	3/31/22	6,572		0	6,572	0	0
27	Toshiba ES5015ac copier/printer	3/08/22	11,874		0	11,874	0	0
28	small office printer	10/26/22	3,795		0	3,795	0	0
	Grand Total		118,318		0	22,241	66,110	29,967
	Less: Dispositions and Transfers		7,912		0	0	3,956	3,956
	Net Grand Total		110,406		0	22,241	62,154	26,011

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902	0	0
6	Okidata Printer	3/01/14	784	0	0
7	Leasehold Improvements to office	1/17/14	7,550	0	0
8	Office Suite Furniture	3/31/14	20,548	0	0
9	Pedestal	4/11/14	344	0	0
10	Sign	5/02/14	460	0	0
11	Sign	9/03/14	500	0	0
12	Telephone	12/15/14	386	0	0
14	Conference Phone	2/05/15	744	0	0
15	Office Space Renovation	2/24/15	3,145	0	0
16	Sign	3/23/15	632	0	0
17	Cabinet	5/11/15	555	0	0
19	Executive desk w/ hutch & return	6/11/15	3,468	0	0
20	Outdoor Event Tent	8/14/15	1,321	0	0
21	Board iPads (11)	1/11/16	7,684	0	0
22	Executive desk with hutch & return	5/01/19	2,610	233	0
23	Dell Power Edge T340 Server	7/15/19	7,200	829	0
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470	0	0
25	Wiring Computer equipment	3/31/20	6,672	0	0
26	(2) Dell Latitude e5521, monitors, etc.	3/31/22	6,572	0	0
27	Toshiba ES5015ac copier/printer	3/08/22	11,874	0	0
28	small office printer	10/26/22	3,795	0	0
			<u>120,216</u>	<u>1,062</u>	<u>0</u>
Other Depreciation:					
29	True Milk Cooler	10/01/22	0	0	0
30	Flat Top Refrig/Freezer Chest	10/01/22	0	0	0
31	Slicer	10/01/22	0	0	0
32	Delfield 2 door Freezer	10/01/22	2,819	402	0
33	Reach in Freezer-Calumet	10/01/22	3,207	458	0
34	Electric 2 compartment Hot Box	10/01/22	912	130	0
35	South Bend Range 72" 4721DD-3TR	10/01/22	7,934	1,134	0
36	South Bend Range 72" 4721DD-3TR	10/01/22	7,934	1,134	0
37	7 Electric 2 compartment Hot Boxes	10/01/22	6,717	959	0
38	Computer	10/01/22	2,226	446	0
39	South Bend Convection Oven	10/01/22	11,328	1,618	0
	Total Other Depreciation		<u>43,077</u>	<u>6,281</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>43,077</u>	<u>6,281</u>	<u>0</u>
	Grand Totals		<u>163,293</u>	<u>7,343</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MI</u>
Prior MACRS:				
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902	0
6	Okidata Printer	3/01/14	784	0
7	Leasehold Improvements to office	1/17/14	7,550	0
8	Office Suite Furniture	3/31/14	20,548	0
9	Pedestal	4/11/14	344	0
10	Sign	5/02/14	460	0
11	Sign	9/03/14	500	0
12	Telephone	12/15/14	386	0
14	Conference Phone	2/05/15	744	0
15	Office Space Renovation	2/24/15	3,145	0
16	Sign	3/23/15	632	0
17	Cabinet	5/11/15	555	0
19	Executive desk w/ hutch & return	6/11/15	3,468	0
20	Outdoor Event Tent	8/14/15	1,321	0
21	Board iPads (11)	1/11/16	7,684	0
22	Executive desk with hutch & return	5/01/19	2,610	233
23	Dell Power Edge T340 Server	7/15/19	7,200	829
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470	1,964
25	Wiring Computer equipment	3/31/20	6,672	445
26	(2) Dell Latitude e5521, monitors, etc.	3/31/22	6,572	2,103
27	Toshiba ES5015ac copier/printer	3/08/22	11,874	3,799
28	small office printer	10/26/22	3,795	930
			<u>120,216</u>	<u>10,303</u>
Other Depreciation:				
29	True Milk Cooler	10/01/22	0	0
30	Flat Top Refrig/Freezer Chest	10/01/22	0	0
31	Slicer	10/01/22	0	0
32	Delfield 2 door Freezer	10/01/22	2,819	402
33	Reach in Freezer-Calumet	10/01/22	3,207	458
34	Electric 2 compartment Hot Box	10/01/22	912	130
35	South Bend Range 72" 4721DD-3TR	10/01/22	7,934	1,134
36	South Bend Range 72" 4721DD-3TR	10/01/22	7,934	1,134
37	7 Electric 2 compartment Hot Boxes	10/01/22	6,717	959
38	Computer	10/01/22	2,226	446
39	South Bend Convection Oven	10/01/22	11,328	1,618
	Total Other Depreciation		<u>43,077</u>	<u>6,281</u>
	Total ACRS and Other Depreciation		<u>43,077</u>	<u>6,281</u>
	Grand Totals		<u>163,293</u>	<u>16,584</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name: COPPER SHORES COMMUNITY HEALTH FOUNDATION
 Taxpayer Identification Number: 38-3022945

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1,165,015	2,270,812	1,105,797
	2. Membership dues and assessments			
	3. Government contributions and grants	174,000	103,057	-70,943
	4. Program service revenue		36,032	36,032
	5. Investment income	1,559,960	1,410,089	-149,871
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	4,629,464	2,179,549	-2,449,915
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	620,076	15,684	-604,392
	12. Total revenue. Add lines 1 through 11	8,148,515	6,015,223	-2,133,292
Expenses	13. Grants and similar amounts paid	2,300,471	2,590,310	289,839
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		147,537	147,537
	16. Salaries, other compensation, and employee benefits	667,938	896,523	228,585
	17. Professional fundraising fees			
	18. Other professional fees	140,692	112,679	-28,013
	19. Occupancy, rent, utilities, and maintenance	42,315	52,807	10,492
	20. Depreciation and Depletion	6,972	8,872	1,900
	21. Other expenses	177,529	272,964	95,435
	22. Total expenses. Add lines 13 through 21	3,335,917	4,081,692	745,775
	23. Excess or (Deficit). Subtract line 22 from line 12	4,812,598	1,933,531	-2,879,067
Other Information	24. Total exempt revenue	8,148,515	6,015,223	-2,133,292
	25. Total unrelated revenue			
	26. Total excludable revenue	6,809,500	3,641,354	-3,168,146
	27. Total assets	85,620,667	73,990,365	-11,630,302
	28. Total liabilities	153,143	1,235,092	1,081,949
	29. Retained earnings	85,467,524	72,755,273	-12,712,251
	30. Number of voting members of governing body	10	9	
	31. Number of independent voting members of governing body	10	9	
	32. Number of employees	8	42	
	33. Number of volunteers	5	9	

Form **990**

Tax Return History

2022

Name	Employer Identification Number 38-3022945				
	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,313,368	498,276	1,430,511	1,339,015	2,373,869
Memberships dues					36,032
Program service revenue	1,914,946	676,921	852,869	4,629,464	2,179,549
Capital gain or loss	1,219,461	1,275,424	1,130,315	1,559,960	1,410,089
Investment income	-10,141	-9,708	-5,000		
Fundraising revenue (income/loss)					
Gaming revenue (income/loss)					
Other revenue	-392,738	577,199	60,985	620,076	15,684
Total revenue	4,044,896	3,018,112	3,469,680	8,148,515	6,015,223
Grants and similar amounts paid	3,025,287	1,411,067	2,669,893	2,300,471	2,590,310
Benefits paid to or for members					147,537
Compensation of officers, etc.		132,146	137,484		896,523
Other compensation	386,883	328,331	439,507	667,938	112,679
Professional fees	70,212	109,174	116,436	140,692	52,807
Occupancy costs	12,630	13,940	36,980	42,315	8,872
Depreciation and depletion	4,793	5,394	8,076	6,972	272,964
Other expenses	104,950	161,643	113,227	177,529	4,081,692
Total expenses	3,604,755	2,161,695	3,521,603	3,335,917	1,933,531
Excess or (Deficit)	440,141	856,417	-51,923	4,812,598	6,015,223
Total exempt revenue	4,044,896	3,018,112	3,469,680	8,148,515	6,015,223
Total unrelated revenue					
Total excludable revenue	2,741,669	2,529,544	2,044,169	6,809,500	3,641,354
Total Assets	60,237,176	69,553,584	77,865,771	85,620,667	73,990,365
Total Liabilities	1,284,312	389,574	709,168	153,143	1,235,092
Net Fund Balances	58,952,864	69,164,010	77,156,603	85,467,524	72,755,273

Federal Statements**Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
UNRESTRICTED:	INTEREST INCOM	\$ 10		14			
	TOTAL	\$ 10					

Taxable Dividends from Securities

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
UNRESTRICTED:	DIVIDEND INCOME	\$ 1,410,079		14			
	TOTAL	\$ 1,410,079					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
MANAGEMENT FEES	\$ 1,220	\$	1,220	\$
TOTAL	\$ 1,220	\$ 0	1,220	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MILEAGE REIMBURSEMENT	\$ 9,174	\$ 9,174	\$	\$
MISCELLANEOUS	8,311	808	7,503	
EDUCATION/STAFF AND BOARD	3,078		3,078	
PAYROLL EXPENSES	301		301	
IN-KIND SUPPLIES	194	194		
TOTAL	\$ 21,058	\$ 10,176	10,882	\$ 0

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANONYMOUS	\$ 365,500	\$ 76,870
ANONYMOUS	30,646	
TOTAL	<u>\$ 396,146</u>	<u>\$ 76,870</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

COPPER SHORES COMMUNITY
HEALTH FOUNDATION

38-3022945

Net Asset / Fund Balance at Beginning of Year85,467,524**Revenue**

Contributions	<u>2,373,869</u>
Program service revenue	<u>36,032</u>
Investment income	<u>1,410,089</u>
Capital gain / loss	<u>2,179,549</u>
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	<u>15,684</u>
Total revenue	<u>6,015,223</u>

Expenses

Program services	<u>3,134,861</u>
Management and general	<u>946,831</u>
Fundraising	_____
Total expenses	<u>4,081,692</u>

Excess / (deficit)1,933,531

Changes

-14,645,782**Net Asset / Fund Balance at End of Year**72,755,273**Reconciliation of Revenue**

Total revenue per financial statements	<u>-8,259,968</u>
Less:	
Unrealized gains	<u>-14,619,423</u>
Donated services	<u>7,226</u>
Recoveries	_____
Other	<u>367,006</u>
Plus:	
Investment expenses	<u>30,000</u>
Other	_____
Total revenue per return	<u><u>6,015,223</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>4,484,550</u>
Less:	
Donated services	<u>7,226</u>
Prior year adjustments	_____
Losses	_____
Other	<u>650,550</u>
Plus:	
Investment expenses	<u>30,000</u>
Other	<u>224,918</u>
Total expenses per return	<u><u>4,081,692</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>85,620,667</u>	<u>73,990,365</u>	
Liabilities	<u>153,143</u>	<u>1,235,092</u>	
Net assets	<u><u>85,467,524</u></u>	<u><u>72,755,273</u></u>	<u><u>-12,712,251</u></u>

Miscellaneous Information

Amended return

Return / extended due date 11/15/23

Failure to file penalty _____