### **Filing Instructions**

## GOGEBIC RANGE HEALTH FOUNDATION

# **Exempt Organization Tax Return**

Taxable Year Ended June 30, 2024

**Date Due:** 

May 15, 2025

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/24 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

MAKELA, POLLACK & AHONEN, PLLC

301 N. SUFFOLK IRONWOOD, MI 49938

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 8879-TF

### IRS E-file Signature Authorization for a Tax Exempt Entity

artment of the Treasury nal Revenue Service ne of filer

For calendar year 2023, or fiscal year beginning  $\frac{7/01}{2023}$ , and ending  $\frac{6/30}{2023}$ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2023

OMB No. 1545-0047

EIN or SSN GOGEBIC RANGE HEALTH FOUNDATION \*\*-\*\*\*4124 Name and title of officer or person subject to tax CHARMAINE CHIANTELLO TREASURER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter-0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII), column (A) line 12) 1b b Total revenue, if any (Form 990 EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here b Tax based on Investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 10a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . 10b b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and and that I have examined a copy of the complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my ermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to PIN: check one box only MAKELA, POLLACK & AHONEN, PLLC X I authorize \_ to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. \*\*\*\*\*\* I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

	Check if	applicable: Nan	lar year, or tax year beginning $07/01/23$ , and ending $06/30/24$ ne of organization		D Employe	r identification number
	Address	change	GOGEBIC RANGE HEALTH FOUNDATION			
	Name c		ng business as		**_*	**4124
П	Initial re	turn E	nber and street (or P.O. box if mail is not delivered to street address)  Room/s 6112 BLUFF VIEW RD.	suite I	Telephon	e number
H	Final ret	turn/ City	or town, state or province, country, and ZIP or foreign postal code		906-	364-7525
H	terminat	ea				
Ш	Amende		RONWOOD MI 49938 DAVE DIE		Gross rec	eipts\$ 240,232
	Applicat	8 697		Is this a group	roturn for a	ubordinates? Yes X No
		E	6110 DILLER WILL DD			
			CONTROOP	Are all subore		
_	Tay av	empt status:		If "No," a	ttach a list.	See instructions
-	Websit					
<u></u>		organization:	GOGEBICRANGEHF.ORG H(c)	Group exemp	tion numbe	r
	art I		Corporation Trust Association Other L Year of for	mation: 19	98	M State of legal domicile: MI
_		Summa Briefly describe				
	'	DECEDENT	the organization's mission or most significant activities:			
20		KESIDENI	S AND VISITORS WILL RECOGNIZE THE GOGEBIC RANGE AS	A FUN	AND	
na		HEALTHY	PLACE TO LIVE AND VISIT.			
Activities & Governance			<u></u>			
ဗွ	2	Check this box	if the organization discontinued its operations or disposed of more than 25% of its r	net assets		• • • • • • • • • • • • • • • • • • • •
య		Manuel of Aofil	IQ Members of the doverning body (Part VI line 1a)		200	12
ties	4	Number of inde	pendent voting members of the governing body (Part VI, line 1h)		4	12
ξį			marriadas employed in calendar year 2023 (Part V. line 2a)		5	1
Ac	Part IV		voidificors (estimate il flecessary)		6	250
	7a	Total unrelated	business revenue from Part VIII, column (C), line 12		7a	
-	b	Net unrelated be	usiness taxable income from Form 990-T, Part I, line 11			0
-)				Prior Year	7b	Current Year
ne	8	Contributions ar	nd grants (Part VIII, line 1h)		140	100,666
Revenue	100 0		i are viii, iiilo Zuj			100,000
Re	10	Investment inco	me (Part VIII, column (A), lines 3, 4, and 7d)	110,	533	118,521
-	11	Other revenue (	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		650	
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	194,		<u>-4,804</u>
	13	Grants and simi	lar amounts paid (Part IX, column (A), lines 1–3)		353	214,383
	14	Benefits paid to	or for members (Part IX, column (A) line 4)	10,	333	20,466
es				51	304	0 600
Expenses	104	Tolessional full	draising fees (Part IX, column (A), line 11e)	J 1 ,	304	8,690
ď						0
	17	Other expenses	(Fall IA, COIUMN (A) lines 112_11d 11f 24a)	50	377	21 707
	18	Total expenses.	Add lines 13–17 (must equal Part IX, column (A), line 25)	148,		31,797
_ <b>6</b> 0		Revenue less ex	penses. Subtract line 18 from line 12			60,953
Assets or	20 -		Police in the second se	ng of Curren	989 Year	153, 430 End of Year
Asse Bala	24 -	Total assets (Pa	11.7, 1110 10)	8,891,	284	4,364,748
Fund		Total liabilities (F	art A, line 26)	10000	859	10,452
	art II	Ciamater	nd balances. Subtract line 21 from line 20	The state of the s	425	4,354,296
		Signatu	TE BIOCK			
tru	e, corre	ect, and complete.	declare that I have examined this return, including accompanying schedules and statements, and Declaration of preparer (other than officer) is based on all information of which preparer has any k	to the best on	of my kno	wledge and belief, it is
Sig	n	Signature of officer			To a land	
ler		46	10 COLO 10 COL		Date	
iei	<b>C</b>	CHARMAI  Type or print name				
		Print/Type preparer	'o nome			
id		MANAGEMENT STATE	Treparer's signature	Date	Check	if PTIN
7	arer	ANTHONY R. H	POLLACK Unthym Tollick Opt	2/9/29	self-emple	
6 5	Only	Firm's name	MAKELA, POLLACK & AHONEN, PLIC	Firm's		**-***6187
-	.,		301 N. SUFFOLK	Filins	LIN	
10:	4h a 15	Firm's address	IRONWOOD, MI 49938	51		006 022 4422
iay	ine IR	o discuss this re	eturn with the preparer shown above? See instructions	Phone	no.	906-932-4430
AA	aperw	ork Reduction A	ct Notice, see the separate instructions.			X Yes No
						Form 990 (2023)

	otal program service expenses	20,466	evenue \$	
<b>/F</b>				
d O	other program services (Describe on Sched	Jule O.)		*********
2.5				**********
1			•••••••	
55				
•				
(	Code: ) (Expenses \$	including grants of \$	) (Revenue \$	
				• • • • • • • • • • • • • • • • • • • •
i¥				
3				
1	/A	including grants of \$	) (Revenue \$	
(		including your 5.0		
	OR COMMUNITY MEMBERS.			
FC UI OF PF	DUNDATION WORKS TO EN FILIZATION OF AREA RE RGANIZATIONS WORKING ROVIDING GRANTS TO LO	COURAGE HEALTHY LIFESTYLE SOURCES, MAKING THE COMMU COLLECTIVELY TO ACHIEVE HEALTHOUS TO ACHIEVE HEALT ORGANIZATIONS TO ACHIEVE HEALT ORGANIZATIONS TO ACHIEVE HEALT ORGANIZATIONS TO ACHIEVE HEALT ORGANIZATIONS TO ACHIEVE	A HEALTHY LIFESTYLE. S BY PROMOTING THE NITY AWARE OF LOCAL	THE
JC	OUNDATION EXISTS TO H	20,466 including grants of \$ AND COMMUNITY MEMBERS WILL ELP PROMOTE AND INCREASE	RECOGNIZE THAT THIS	+ 6 5
•	expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, fo	ce accomplishments for each of its three largest pro organizations are required to report the amount of r each program service reported.	gram services, as measured by grants and allocations to others,	
1	If "Yes," describe these changes on Scheo	dule O.		Yes X
Manager Commen		make significant changes in how it conducts, any pr		-
	The state of the section of the sect	Schedule O.		Yes X
	Did the organization undertake any signific	cant program services during the year which were no	ot listed on the	
	·	······································		
A)	DVANCE A DEVELOPMENT OMMUNITY.	STRATEGY FOR THE HEALTH C	F THE GOGEBIC RANGE	
	briefly describe the organization's mission	1:		
	The second of th	tains a response or note to any line in this	Part III	

102			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			110
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)	3		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
•	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		-	L
7		6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9		8		X
	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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
10.55	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а				
<u>~</u>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
b		11a		X
`	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
٠	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Gonedule D, Faits XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			21
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	44	X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	7	X
~	and any animation have aggregate revenues of expenses of more than \$10,000 from grantmaking	100		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX. column (A) line 3, more than \$5,000 of great the state of the sta	14b		X
-	The state of the s	A.M.		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX column (A) line 3, mars than 65 and	15		X
-	The state of the s			-
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of overcome forms.	16		X
	The state of the s			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundamental services on	17		X
	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 Schodule Q. Bud III.			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9-2	18	X	
	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.			3
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "You" complete Schedule G.	19		X
b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial attaches.	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
				1-1-
AA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of greater and the		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated	- 45		
	employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	_	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24h			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	account other than a refunding escrow at any time during the year			
d	to defease any tax-exempt bonds?	24c		
	of borian or issuer for bolids outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I		Sy.	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule I Part II		6.11	3.7
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
••	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	·····	7	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b	"Yes," complete Schedule L, Part IV  A family member of any individual described in the second secon	28a		Χ
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and the second	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	bid the diganization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Voo."	31		X
	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
24	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		X
34	to drift tax-exempt of taxable entity? If "Yes," complete Schedule P. Dort II. III			21
35a	or iv, and Fait v. line i	34		X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any terms.	35a		X
-	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2		9	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and the treated as a partiership for rederal income tax purposes? If "Ves " complete School to D. D. 114"			
38	The trie organization complete Schedule O and provide explanations on Schedule O for Book VI. Items 441	37		X
_	To reduce. All Point 990 filers are required to complete Schedule O			
Pa	Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1	Check if Schedule O contains a response or note to any line in this Part V			
1-			Yes	M-
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1		res	No
C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	92		
·	Did the organization comply with backup withholding rules for reportable payments to yenders and			
DAA	reportable gaming (gambling) winnings to prize winners?	1c		
200 TO			990	2023)
			The state of the s	/

2

22	Enter the number of emplayers and law compliance (continued)		Yes	No
24	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
1	Statements, filed for the calendar year ending with or within the year covered by this return  2a 1			
3a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	3 more difficulties gross income of \$1,000 or more during the year?	3a		X
4a	The state of the coor for this year? If two to line 3b, provide an explanation on Schedule O	3b		
40	and sale daily ear, did the organization have an interest in, or a signature or other authority over			-
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
U	and the file of the folding country	EE		1
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
b	a party to a promoted tax sheller transaction at any time during the tay year?	5a		X
C	bally the organization that it was of is a party to a prohibited tax shelter transaction?	5b		X
6a	Tes to line 5a of 5b, did the organization file Form 8886-T?	5c		
va	and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
U	and the digardation include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
a	and partie a payment in excess of \$75 made partiy as a contribution and partiy for goods			
h	and services provided to the payor?	7a	X	
b	and an organization flothly the dollor of the value of the goods of services provided?	7b	X	
C	of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	17d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1008 C3	7h		
	openisoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
0	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		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		- 20	
a	Section 501(c)(12) organizations. Enter:			
b	Gross income from members or shareholders		-1	
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		18	
2a	Section 4947(a)(1) page executed from them.)			
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the	13a		
b	and additional for additional information must report on Schodule O			1
~	Enter the amount of reserves the organization is required to maintain by the states in which			
C	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b			
4a	40-			
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes" has it filed a Form 720 to report these payments for indoor tanning services during the tax year?	14a		X
5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tay on payment(s) of the section 4960 tay on the section 4960 tay of the section 4960 tay	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	1113		
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		X
6	Is the organization an educational institution and			
)	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
7	The state of the s			
	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		
AA	그는 그는 말이 하는 말은 이 사람들은 병원들은 사람들이 가르게 되었다. 아니라 아니라 아니라 다른	Form	990	20231

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI 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 ction A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7a stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b X The governing body? Each committee with authority to act on behalf of the governing body? 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 8b the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? Yes No 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12b describe on Schedule O how this was done Did the organization have a written whistleblower policy? 12c 13 Did the organization have a written document retention and destruction policy? 13 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15a If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 15b 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 16a participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16b List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. CHARMAINE CHIANTELLO E 6112 BLUFF VIEW RD IRONWOOD 49938 906-364-7525

DAA

Form 990 (2023) GOGEBIC RANGE HEALTH FOUNDATION

38-3464124

Page 7

Form 990 (2023)

## 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ction A

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- 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 org	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) JOHN GARSKE		1				۵				to be the se	
CHAIRPERSON	3.00	. X		Х				0	0		
2) LORI BOOTH							-		U		
BOARD MEMBER	2.00										
(3) CHARMAINE CHIAN	0.00	X						0	0		
	9.00									100	
TREASURER	0.00	X		X				0	o		
(4) PAULA CHERMSIDE			3					V 1-72-12-12-12-12-12-12-12-12-12-12-12-12-12	U		
BOARD MEMBER	0.25										
(5) WILL ANDRESEN	0.00	X						0	0		
( ) - = = IMBREDEN	1.00									TO THE REAL PROPERTY.	
SECRETARY	0.00	X		X							
(6) NEIL KLEMME		21		21				0	0		
BOARD NEW COLUMN	1.00										
BOARD MEMBER (7) THERESE PAWLAK	0.00	X						0	0		
WINEKESE PAWLAK	2.00								0		
BOARD MEMBER	0.00	X									
(8) JOEL ENKING	0.00	Λ						0	0		
	2.00										
BOARD MEMBER	0.00	X						0	0		
(9) MIKE SHOULDICE	0.00			T		52-		0	U		
VICE CHAIRPERSON	2.00	57									
10) DOUG HIPPE	0.00	X	-		-	-		0	0	(	
\	0.00									THE HALL	
OARD MEMBER	0.00	X									
11)KASSI HUOTARI								0	0		
EVECTORING DIDES	22.75										
EXECUTIVE DIRECTOR	0.00			X				8,245	0		

Part VII Section A. Office	rs, Directors, Tri	ustee	es, K			loyee	s, a	nd Highest Compensated	Employees (continued)			Page
(A) Name and title	(B) Average hours per week	bo	x, unl	Po check ess p	erson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	Estimat	(F) ted amou	nt
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fro	ensation om the zation and rganization	
(12) TOM MOWBRAY (12)	3.00					a.						
BOARD MEMBER	0.00	X						0	0			(
(13)												
(14)												
(15)												T,
(16)												
(17)												
118)												
(19)												
Subtotal     Total from continuation she     Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A					8,245				
Total number of individuals (ir reportable compensation from	ncluding but not li	mite	d to t	hose	e list	ed at	ove)	8,245 who received more than \$	6100,000 of			
3 Did the organization list any for employee on line 1a? If "Yes	ormer officer, dire	ector								Г	Yes	99-
organization and related organization	nizations greater	than	\$150	0,00	0? <i>If</i>	"Yes	ition ," co	and other compensation fr mplete Schedule J for such	rom the	4		X
for services rendered to the or	ganization? If "Ye	ue c	omp	ensa olete	tion Sch	from edule	any J fo	unrelated organization or in or such person	ndividual	5		X
1 Complete this table for your fix	ve highest somme		1 1.				10201					Λ
	(A) business address	mpe	nsati	on f	or th	e cale	enda	r year ending with or within	the organization's tax year.  B) of services		(C) ompensat	
								Description	IT OF SERVICES	0	ompensat	ion
2 Total number of independent of received more than \$100,000 c	contractors (included	ding l	out n	ot lir	nited	to th	nose	listed above) who				
DAA	periodio!!	., 5111	4110	oryd	ııı∠dl	IIUII			0	For	m 990	(2023)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) Unrelated business revenue function revenue from tax under sections 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 43,006 d Related organizations 1d e Government grants (contributions) 1e 25,000 f All other contributions, gifts, grants, and similar amounts not included above ... 1f 32,660 g Noncash contributions included in lines 1a-1f ..... 20,701 h Total. Add lines 1a-1f 100,666 **Business Code** Program Service f All other program service revenue ..... g Total. Add lines 2a-2f... 3 Investment income (including dividends, interest, and other similar amounts) 118,521 118,521 Income from investment of tax-exempt bond proceeds 5 Royalties .... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ 43,006 of contributions reported on line 1c). See Part IV, line 18 21,045 b Less: direct expenses 8b 25,849 c Net income or (loss) from fundraising events -4,804 9a Gross income from gaming -4,804activities. See Part IV, line 19 b Less: direct expenses 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 **Business Code** d All other revenue ..... e Total. Add lines 11a-11d 12 Total revenue. See instructions . 214,383 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising 8b, 9b, and 10b of Part VIII. Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 20,466 20,466 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 8,245 8,245 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 445 445 Fees for services (nonemployees): a Management ...... c Accounting 3,725 3,725 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 13,493 13,493 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 320 320 13 Office expenses ,722 722 14 Information technology 3,542 3,542 15 Royalties Occupancy 16 6,000 6,000 Travel 17 92 92 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings .... 19 60 60 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization ... 22 23 366 1,366 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.) CONSULTING & SOFTWARE 809 809 b OTHER EXPENSES 489 BANK EXPENSE 489 179 179 d e All other expenses Total functional expenses. Add lines 1 through 24e 60,953 20,466 Joint costs. Complete this line only if the 40,487 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) DAA

	0-1		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		120,052	1	49,04
2	Savings and temporary cash investments		10 000		30,43
3	. loages and grants receivable, flet			3	30,43
4	reconstruction, net			4	
5	Loans and other receivables from any current or forn	ner officer, director			
	trustee, key employee, creator or founder, substantia	al contributor, or 35%			
1.	controlled entity or family member of any of these pe	rsons		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	AND THE RESERVE OF THE PERSON
0	inventories for sale of use			8	
9	Frepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other			9	
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	The state of the s		40-	
11	Investments—publicly traded securities		3,761,232	10c	1 205 06
12	investments—other securities. See Part IV line 11			11	4,285,26
11000	program-related. See Part IV, line 11			12	
200	mangible assets			13	
15	Other assets. See Part IV, line 11			14	
				15	1 261 = 1
17	Accounts payable and accrued expenses	0.050	16	4,364,74	
_999.84R3	pay and pay and the pay and th		17	10,45	
			18		
				19	
21	Escrow or custodial account liability. Complete Part IV	/ of Schedule D		20	
22	Loans and other payables to any current or former of	icer director		21	
	trustee, key employee, creator or founder, substantia	contributor or 35%			
	controlled entity or family member of any of these nor	none			
	occurred mortigages and motes payable to implicated the	aird nortice		22	
24	Unsecured notes and loans payable to unrelated third	narties		23	
25	Other liabilities (including federal income tax, payable	s to related third		24	
	parties, and other liabilities not included on lines 17-2 of Schedule D	4) Complete Part Y			
26	Total liabilities. Add lines 17 through 25			25	
	Organizations that follow FASB ASC 958, check he	ere X	9,859	26	10,452
	and complete lines 27, 28, 32, and 33.	10 [1]			
27	Net assets without donor rostrictions		2 005 5		
28	Net assets with donor restrictions			27	4,273,258
	Organizations that do not follow FASB ASC 958, c	book bass	55,438	28	81,038
	and complete lines 29 through 33.	neck nere			
29	Capital stock or trust principal, or current funds				
30	Paid-in or capital surplus, or land, building, or equipme	·····		29	
31	Retained earnings, endowment, accumulated income,	ant rung		30	
32	Total net assets or fund balances	or other funds		31	
33	Total liabilities and net assets/fund balances		3,881,425	32	4,354,296
	and not assets/fully palances		2 001 001	33	4,364,748

Forr	n 990 (2023) GOGEBIC RANGE HEALTH FOUNDATION **-***4124			_	4.			
Pa	art XI Reconciliation of Net Assets				ge 12			
- 12	Check if Schedule O contains a response or note to any line in this Part XI							
1	The state of the s	100	21	4	383			
	(Mast squarr are ix, column (A), line 25)	2			953			
		3			430			
	rior doors of fund balances at beginning of year (must equal part x line 32 column (A))		3,88					
5	The amounted gains (103563) Off Hivestiffenis				$\frac{425}{441}$			
6	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  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.  Separate basis Consolidated pasis Reth consolidated and separate basis Consolidated pasis Reth consolidated pasis Path consol		31	9,	441			
7	Revenue less expenses. Subtract line 2 from line 1  A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  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.  Separate basis Consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  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 To the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated whether the financial statements for the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated basis To the year were audited on a separate basis Consolidated basis To the year were audited on a separate							
8								
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	3		_				
	32, column (B))	10	1 25	1	200			
Pa	rt XII Financial Statements and Reporting		4,35	4,	296			
	Check if Schedule O contains a response or note to any line in this Part XII							
				·····				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No			
	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 work compiled as		2a		X			
	reviewed on a separate basis, consolidated basis, or both							
	Separate basis Consolidated hasis Roth consolidated and annual to							
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 ways and to de-		2b		X			
	separate basis, consolidated basis, or both.							
			The best of	383				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for							
1	the audit, review, or compilation of its financial statements and selection of an independent of							
7	If the organization changed either its oversight process or selection process during the design process of the control of the organization changed either its oversight process or selection process of the control of the organization changed either its oversight process or selection process of the control of the organization changed either its oversight process or selection of an independent accountant?		2c					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit as a different to undergo an audit as a different to undergo.							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F2							
b	If "Yes," did the organization undergo the required audit or audita? If the account is		3a	40	X			
	required audit or audits, explain why on Schedule O and describe any steer the							
	any steps taken to undergo such audits		3b					
			Form	990	(2023)			

### SCHEDULE A (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury rnal Revenue Service

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

Name of the organization

Employer identification number GOGEBIC RANGE HEALTH FOUNDATION \*\*-\*\*\*4124

ra		ison for Public Chari	y Status. (All organization	ons must	complete	this part \ See instruct	one
The o	iganization is in	of a private foundation beca	use it is: (For lines 1 through 1	2. check of	nly one hov	1	IUIIS.
1	A church, c	convention of churches, or a	ssociation of churches describ	ed in secti	on 170/h)/4	/ (Δ\/i)	
2	A school de	escribed in section 170(b)(	I)(A)(ii). (Attach Schedule E (F	orm 990) )	011 170(D)(1	/(^)(i).	
3	A hospital of	or a cooperative hospital se	vice organization described in	section 17	70/b)/1\/A)/i	in .	
4	A medical r	research organization opera	ted in conjunction with a hospi	tal describe	d in coetie	11). - 470/b\/4\/4\/\!\	
_ [	oity, and other	atc.					
5	An organiza	ation operated for the benef <b>0(b)(1)(A)(iv).</b> (Complete Pa	it of a college or university owr	ed or opera	ated by a go	overnmental unit described in	((()))
6	A federal, s	state, or local government of	governmental unit described i	n section '	170/b)/4\/A)	4.4	
7	△ An organiza	ation that normally receives n section 170(b)(1)(A)(vi).	a substantial part of its suppor	t from a go	vernmental	unit or from the general publ	ic
8	A communi	ty trust described in section	170(b)(1)(A)(vi). (Complete F	Opt II \			
9	An agricultu	ral research organization d	escribed in section 170(b)(1)(	Allin)			
	or university	y or a non-land-grant college	e of agriculture (see instruction	s). Enter th	e name, cit	unction with a land-grant colle y, and state of the college or	ege
10 [	support from	n gross investment income	(1) more than 33 1/3% of its sumpt functions, subject to certain and unrelated business taxable.	in exception	ns; and (2)	no more than 33 1/3% of its	oss
11	The state of the s	and organization ditter built	ou, 1975. See section 509(a)	(2). (Compl	ete Part III		
12	An organiza	ition organized and operate	d exclusively to test for public s	safety. See	section 50	9(a)(4).	
,			d exclusively for the benefit of, ations described in section 50 escribes the type of supporting				
) a		and a single of	cochoco the type of Supporting	organizatio	on and com	nlete lines 12a 12f and 12a	
		solion organization(3) tile bi	perated, supervised, or control ower to regularly appoint or ele	ct a majori	upported or	ganization(s), typically by givectors or trustees of the	ing
k		ing organization. Tou must	complete Part IV, Sections A	and B.			
	control	or management of the supp	supervised or controlled in controlled in controlled in controlled in the	nection with	its support	ed organization(s), by having	
		gernelle of the supp	orting organization vested in the Part IV, Sections A and C.	e same per	rsons that c	ontrol or manage the suppor	ted
c		/-/ and a dollible	C I alt IV, Sections A and C.				
	its supp	orted organization(s) (see in	supporting organization opera structions). You must comple	ted in conn	ection with,	and functionally integrated w	rith,
C	1 ype III	non-functionally integrate	d. A supporting organization of	noroted in			
							on(s)
		( and moderations). Tou	must complete Part IV Sect	IONE A and	D and Da	4 \/	ess
е	CHECK	ils box if the organization re	ceived a written determination	from the IF	00 11 1 11 1	a Type I Type II Type III	
f				orting organ	nization.	. Type II, Type III, Type III	
	Linter the nu	mber of supported organiza	tions				
<u>g</u>	riovide tile i	lollowing information about	he supported organization(s).				
	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing	support (see	other support (see
			above (see instructions))		iment?	instructions)	instructions)
4)				Yes	No		A CONTRACTOR
3)							
В)							
C)							
C)							
C) O)							
C) O)							
B) C) D)							

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.) Schedule A (Form 990) 2023 Part II

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,235	139,592	164,847	90,140	100,666	646,48
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						310,10
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	151,235	139,592	164,847	00 140		
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)		1007,002	104,847	90,140	100,666	646,480
6	Public support. Subtract line 5 from line 4						47,796
	tion B. Total Support						598,684
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(-) 0004 T			
7	Amounts from line 4			(c) 2021	(d) 2022	(e) 2023	(f) Total
8	Gross income from interest dividends	151,235	139,592	164,847	90,140	100,666	646,480
	payments received on securities loans, rents, royalties, and income from similar sources	151,280	85,258	87,520	110,533	118,521	5 <mark>5</mark> 3,112
9	Net income from unrelated business activities, whether or not the business is regularly carried on						333,112
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		15,280	18,857	22 701		
1	Total support. Add lines 7 through 10		10/200	18,837	22,781	21,045	77,963
2	Gross receipts from related activities, etc. (	see instructions)				140	1,277,555
3	First 5 years. If the Form 990 is for the orga	anization's first, sec	ond third fourth	or fifth tay year as	2 Section F04(-)(2)	12	31,029
	organization, check this box and stop here				a section 501(c)(3)		
sec	tion C. Computation of Public Su	port Percenta					
4	Public support percentage for 2023 (line 6, Public support percentage from 2022 School	column (f) divided b	y line 11, column (	f))		14	15 250/
5							46.86 <b>%</b> 48.05 <b>%</b>
6a	33 1/3% support test — 2023. If the organi	zation did not chec	k the box on line 15	3 and line 14 is 2	3 1/3% or more, ch	eck this	48.05 70
b	33 1/3% support test — 2022. If the organi	es as a publicly sup zation did not checl	ported organization	n or 16a, and line 15			X
7a	10%-facts-and-circumstances test — 202	3. If the organization	supported organiz	ation			
	10% or more, and if the organization meets Part VI how the organization meets the facts organization	s-and-circumstance	s test. The organiz	ation qualifies as	op here. Explain ir a publicly supporte	n d	
b	10%-facts-and-circumstances test — 202 15 is 10% or more, and if the organization w	2 If the organization	n did not about				
	15 is 10% or more, and if the organization m in Part VI how the organization meets the fa organization	leets the facts-and-	circumetanese tool				
	5					rted	
8	Private foundation, If the organization did	ot check a how !	line 40 40 40				
8	Private foundation. If the organization did r instructions			ra, or irb. check	IIIIS DOY and CAA		

Schedule A (Form 990) 2023
Part III Support

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.)

Jale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	(6) T-1-1
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1.57 ====	(3) 2021	(4) 2022	(e) 2023	(f) Total
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
aler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(=) 2000	
J	Amounts from line 6			(0) 2021	(u) 2022	(e) 2023	(f) Total
0a	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						
С	Add lines 10a and 10b			MENTE AT INC			
1	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	and 12.)						
4	First 5 years. If the Form 990 is for the orgonoganization, check this box and stop here	anization's first, se	econd, third, fourth,	or fifth tax year a	s a section 501(c)	3)	
ect	ion C. Computation of Public Sur	port Percent	age				
5	Public support percentage for 2023 (line 8,	column (f), divided	by line 13 column	(1)			
3	Public support percentage from 2022 Sched	dule A, Part III. line	e 15	· (!))			%
ect	ion D. Computation of Investmen	t Income Per	centage	****************			%
	investment income percentage for 2023 (lin	e 10c. column (f)	divided by line 12	column (f))			
	resulted income percentage from 2022 Sc	hedule A Part III	line 17		• • • • • • • • • • • • • • • • • • • •		%
d	33 1/3% support tests — 2023. If the organ	nization did not ch	ack the how an line	14, and line 15 is	more than 33 1/2	18	%
b	33 1/3% support tests — 2022. If the organ	nization did not ch	ne organization qu	alifies as a publici	ly supported organ	ization	E
	line 18 is not more than 33 1/3%, check this  Private foundation. If the organization did it						
	Private foundation It II		3	" qualifico ao a pu	IDIICIV SUDDODEA AI		

Schedule A (Form 990) 2023

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	<b>Organizations</b>
---------------------------	----------------------

1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	384		
	class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).			
3a		2		
	lines 3b and 3c below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the	1200		
	organization made the determination.			
C		3b		
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	- 4		
C	Did the organization support any foreign supported organization that does not have an IRS determination	4b		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
	ariswer lines 50 and 5c below (if applicable). Also, provide detail in Part VI. including (i) the pames and EIN			
	numbers of the supported organizations added, substituted, or removed: (ii) the reasons for each such actions			
	(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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	bid the digarization provide support (whether in the form of grants or the provision of services or facilities) to	30		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one of more of its supported organizations, or (iii) other supporting organizations that also support or	- 34 1		
7	benefit one of those of the filling organization's supported organizations? If "Yes " provide detail in Best VI	6		
•	bid the diganization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4956(C)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
8	The regard to a substantial contributor? If "Yes," complete Part I of Schedule I (Form 000)	7		
·	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	- 32	510	
9a	7. 11 103, complete Fait For Scriedule L (Form 990).	8		
	Was the organization controlled directly or indirectly at any time during the tax year by one or more	JUL 19 15 15 16	700	7 7 7 7 7
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
b	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
C	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)			
)	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess husiness holdings in the	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	120	199	

	Has the organization accepted a gift or contribution from any of the following persons?		Yes	N
) :	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	the below, the governing body of a supported organization?		170	
ı	A family member of a person described on line 11a above?	11a		
•	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c	11b		
ec	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
	and B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	N
	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)		Me.	
	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.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	Thow providing such benefit carried out the purposes of the supported organization(s) that appropriate	Ma.		
- Post	Supervised, or controlled the supporting organization			
ec.	tion C. Type II Supporting Organizations	2		
	Were a majority of the		Yes	N
	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).			
ect	ion D. All Type III Supporting Organizations	1_		
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price to			
	your, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) agriculture.	7.4	31-11	
	signification is governing documents in effect on the date of notification, to the extent not proviously and its			
	trolle difference of the digalization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) of (ii) serving on the governing body of a supported organization? If "No " ovalein in B. 11"			
	The diganization maintained a close and continuous working relationship with the current of a continuous working relationship with the continuous working relationship with the current of a continuous working with the continuous working with the continuous working	2		
	by reason of the relationship described on line 2, above, did the organization's supported organizations because the	-		
	a significant voice in the diganization's investment policies and in directing the use of the assertion's			
	income of assets at all times during the tax year? If "Yes." describe in Part VI the role the organization!		50,7	
ct	supported diganizations played in this regard	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI to the Part			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instrudictions). Activities Test. Answer lines 2a and 2b below.	ctions).		
			Yes	No
	Did substantially all of the organization's activities during the tax year directly further the			
а	Did substantially all of the organization's activities during the tax year directly further the assessment and activities during the tax year directly further the		1	
	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			
	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 <b>Part VI identify</b> 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 agreement in the support of t			
	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 <b>Part VI identify</b> 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.			
	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.  Did the activities described on line 2a, above, constitute activities that but for the exempt purposes.	2a		
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.  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 because the part of the organization or the organizati	2a		
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.  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 is activities to the organization or the organizatio	2a		
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.  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	2a		
a b	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.  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.  Parent of Supported Organizations. Answer lines 3a and 3h below.	2a 2b		
a b	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.  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.  Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the efficiency is a contractive of the efficiency is a contractive of the efficiency is a contractive of the efficiency.			
a b	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.  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.  Parent of Supported Organizations. Answer lines 3a and 3b below.  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.			
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.  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.  Parent of Supported Organizations. Answer lines 3a and 3h below.			

Part	GOGEBIC RANGE HEALTH FO	UNDATION	**-**	4124
1	- 1700 in Non-1 unctionally integrated 509(a)(3) Supporting	ig Organizat	ions	
	Check here if the organization satisfied the Integral Part Test as a qualifying tru  Instructions. All other Type III non-functionally integrated supporting	st on Nov. 20, 1	970 (explain in <b>Part VI</b> ).	See
ooti	instructions. All other Type III non-functionally integrated supporting organization	ions must compl	ete Sections A through	
ecu	on A – Adjusted Net Income		(A) Prior Year	(B) Current Yea
1	Net short-term capital gain	11	The second secon	(optional)
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection	5		
	of gross income or for management, conservation, or maintenance of			N. 10
	property held for production of income (see instructions)			
7	Other expenses (see instructions)	6		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
		8		
ectic	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea
1	Aggregate fair market value of all non-exempt-use assets (see		W. Charles St.	(optional)
j	instructions for short tax year or assets held for part of year):			VIII SE
a	Average monthly value of securities			
	Average monthly cash balances	1a		
	Fair market value of other non-exempt-use assets	1b		
d ·	Total (add lines 1a, 1b, and 1c)	1c		
e I	Discount claimed for blockage or other factors	1d		
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets			
3 5	Subtract line 2 from line 1d.	2		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3		
5	see instructions).			
	Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6 1	Multiply line 5 by 0.035.	5		
	Recoveries of prior-year distributions	6		
	Minimum Asset Amount (add line 7 to line 6)	7		
	n C – Distributable Amount	8		
cuo	TIC - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, column A)			ouriont rear
2 E	Inter 0.85 of line 1.	1		
	Minimum asset amount for prior year (from Section B, line 8, column A)	2		
4 E	Enter greater of line 2 or line 3.	3		EVER COLORS
	ncome tax imposed in prior year	4		
3 D	Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
е	mergency temporary reduction (see instructions).	200		
7	Check here if the current year is the organization's first as a non-functionally integ	6		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Jec	tion D – Distributions				<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exem	npt 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—pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the (provide details in <b>Part VI</b> ). See instructions.	organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6		The same of the same	9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution		(iii) Distributable
1_	Distributable amount for 2023 from Section C, line 6		Pre-2023		Amount for 2023
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2023			-	
а	From 2018				
b	From 2019				
C	From 2020			_	
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			4 1 2	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
С	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, LINE 10 - OTHER INCOME DETAIL
FUND RAISING EVENT INCOME \$ 77,963
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Schedule A (Form 990) 2023

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

me of the organization

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

**Employer identification number** 

Organization type (check	GE HEALTH FOUNDATION	**-***4124
Samual of type (check	Kolle).	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the Coneral Puls and Coner	
Note: Only a section 501(	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	
nstructions.	Rule and a Special Rule	. See
Seneral Rule		
For an organization	n filing Farms 000, 000 F7	
or more (in money	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,	000
contributor's total	or property) from any one contributor. Complete Parts I and II. See instructions for determin	ing a
Special Rules		
X For an organization	n described in easting 504(2)(0) 511	
	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test o	f the
16b, and that rece	sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, ived from any one contributes during the	16a, or
(2) 2% of the amou	ived from any one contributor, during the year, total contributions of the greater of (1) \$5,000;	or
	unt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any	one
	and your, total contributions of more than \$1,000 exclusively for religious, charitable	
includy, or education	purposes, or for the prevention of cruelty to children or animals. Complete Barta Louisian	ng
N/A" in column (b)	instead of the contributor name and address), II, and III.	9
For an organization	described in section 501(c)(7) (9) or (40) files 5	
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, contributions exclusively for religious, charitable, etc., purposes, but no such	one
contributions totale	d more than \$1,000. If this box is checked, enter here the total contributions that were received an explicit of the second seco	
during the year for	an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	ed
· · · · · · · · · · · · · · · · · ·	ico to tillo oludilization necalise it received nonevalue :- !	
totaling \$5,000 or n	nore during the year	tions
aution: An organization t	nat isn't covered by the General Bule and/or the Covered by the General Bule and/or the Covered by the General Bule and/or the Covered by the General Bule and the Ge	
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Form	990), but it
to certify that it doesn't m	neet the filing requirements of Schedule B (Form 990).	PF, Part I, line
	- ( oill 330).	
r Paperwork Reduction Ad	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	
		Schedule B (Form 990) (202

PAGE 1 OF 1

Page 2

Name of organization
GOGEBIC RANGE HEALTH FOUNDATION

Employer identification number \*\*-\*\*\*4124

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1		<b>\$</b> 15,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	ASPIRUS IRONWOOD HOSPITAL & CLINICS N10561 GRAND VIEW LANE IRONWOOD MI 49938	\$ 6,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ASPIRUS HEALTH 2200 WESTWOOD DRIVE WAUSAU WI 54401	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(6)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
)		Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 1 OF 1

age 3

Name of organization
GOGEBIC RANGE HEALTH FOUNDATION

Employer identification number \*\*-\*\*4124

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) FMV OF OFFICE SPACE . 2.... \$ 6,000 06/30/24 (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from (d) Description of noncash property given FMV (or estimate) Part I Date received (See instructions.) \$ ..... (a) No. (c) (b) from (d) FMV (or estimate) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from FMV (or estimate) (d) Description of noncash property given Part I Date received (See instructions.) (a) No. (c) (b) from FMV (or estimate) (d) Description of noncash property given Part I Date received (See instructions.)

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. ne of the organization Employer Identification number GOGEBIC RANGE HEALTH FOUNDATION \*\*-\*\*\*4124 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants C Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(i) Name and address of individual (v) Amount paid to (vi) Amount paid to raiser have custody or control of (iv) Gross receipts (or retained by) or entity (fundraiser) (ii) Activity (or retained by) from activity fundraiser listed in organization contributions' col. (i) Yes No 1 2 3 7 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

\*\*-\*\*\*4124 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

gross receipts (	(a) Event #1	(b) Event #2	(c) Other events	
	WINTER FORMAL	WINTERFEST MERC	NONE.	(d) Total events
	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	38,486	25,565		64,05
3 Gross income (line 1 minus	19,726	23,280		43,00
	18,760	2,285		21,04
	•			
		11,391		25,849
<ul><li>10 Direct expense summary.</li><li>11 Net income summary. Sub</li></ul>	Add lines 4 through 9 in column (d)	<b>\</b>		25,849 -4,804
rt III Gaming. Comp	plete if the organization answ	ered "Yes" on Form 990, Pa	art IV, line 19, or repor	-4,804
Ψ10,000 0H F 0H		(b) Pull tabs/instant		
1 Gross revenue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes %	Yes %	Yes %	
7 Direct expense summary. A	add lines 2 through 5 in column (d)			
Net gaming income summa	ry. Subtract line 7 from line 1, colur	mn (d)		
nter the state(s) in which the o	organization conducts gaming activity	ties:		
"No," explain:				Yes No
	2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. 11 Net income summary. Subtrict III Gaming. Comp \$15,000 on For 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. And the summary of the summary. And the summary of the summary of the summary. And the summary of the summary of the summary of the summary of the summary. And the summary of	WINTER FORMAL (event type)  1 Gross receipts 38,486  2 Less: Contributions 19,726  3 Gross income (line 1 minus line 2) 18,760  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses 14,458  10 Direct expense summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Gross revenue  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)	WINTER FORMAL (event type)  WINTERFEST MERC (event type)  1 Gross receipts 38,486 25,565 2 Less: Contributions Gross income (line 1 minus line 2) 18,760 2,285 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Gaming. Complete if the organization answered "Yes" on Form 990, Pa\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabel/instant bingo/progressive bingo  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  3 Ves % No	WINTER FORMAL (event type)  WINTERFEST MERC (covent type)  1 Gross receipts  38,486  25,565  2 Less: Contributions 36ross income (line 1 minus line 2)  18,760  2,285  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 1 of from line 3, column (d)  11 III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or report \$15,000 on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  4 Rent/facility costs  5 Other direct expenses  4 Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or report S15,000 on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  5 Other direct expenses  4 Rent/facility costs  5 Other direct expenses  5 Other direct expenses  6 Other direct expenses  7 Yes  7 Y

12	hedule G (Form 990) 2023 GOGEBIC RANGE HEALTH FOUNDATION **-**4  Does the organization conduct gaming activities with nonmembers?			Page
	Is the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		Yes	
	formed to administer charitable gaming?			
)	formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:		Yes	s 🔲 I
a	The organization's facility			
b	The organization's facility An outside facility	13a		%
4	***************************************	[13b]		%
	Name	••••••		
	Address			
5a	Does the organization have a contract with a third party from whom the organization receives gaming			
b	If "Vec " onto the amount of		Yes	
	and the			
C	arribunt or gaming revenue retained by the third party \$			
	Name			
	Address			
		• • • • • • • • • • • • • • • • • • • •		
	Gaming manager information:			
	Name			
	Name			
	Gaming manager componenties &			
	Gaming manager compensation \$			
)	Description of services provided			
	Description of services provided  Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
	☐ Director/officer ☐ Employee ☐ Independent contractor  Mandatory distributions:			
a	Director/officer Employee Independent contractor  Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	Director/officer Employee Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	_ N
a b	Director/officer Employee Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tay was a spent in the organization's own exempt activities during the tay was a spent in the organization's own exempt activities during the tay was a spent in the organization.			_ N
a b	Director/officer Employee Independent contractor  Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Park II.			_ N
a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a b	Director/officer Employee Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tay was a spent in the organization's own exempt activities during the tay was a spent in the organization's own exempt activities during the tay was a spent in the organization.			_ N
a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			N
a 0	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a 0	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			□ N
a 0	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a 0	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a 0	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a 0	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a 0	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N
a b	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional distributions.			_ N

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection OMB No. 1545-0047 2023

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

Employer identification number

å

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance X Yes \*\*-\*\*4124 DONATION (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 18,466 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) \*\*-\*\*7861 501C3 GOGEBIC RANGE HEALTH FOUNDATION General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 54547 (a) Name and address of organization or government 4686 FIERICK RD (1) MECCA Part II MERCER Part 3 3 4 2 9 0 8 6

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

Schedule I (Form 990) 2023

	recinients	tuesh arant	nononeh gogietenen	(e) Method of Valuation (DOOK,	(1) Description of noncash assistance
			201000000000000000000000000000000000000	riwy, applaisal, ottler)	
4					
9					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	vide the information rec	quired in Part I, line 2	2; Part III, column (b);	and any other additional in	nformation.
PART I, LINE 2 - PROCEDURES	S FOR MONITORII	NG THE USE OF	RING THE USE OF GRANT FUNDS		
AFTER THE GRANTS ARE AWARDED THE PROGRAM DIRECTOR MEETS WITH THE GRANTEES	ED THE PROGRAM	DIRECTOR MER	ETS WITH THE	GRANTEES	
TO ISSUE REPORTING DOCUMENTS AND REQUIREMENTS. A SIX MONTH CHECK IN IS MADE	IS AND REQUIREN	MENTS. A SIX	MONTH CHECK	IN IS MADE	
WITH EACH GRANTEE BY THE PROGRAM DIRECTOR TO ENSURE MANAGEMENT OF FUNDS.	ROGRAM DIRECTOR	TO ENSURE M	TANAGEMENT OF	FUNDS.	
FINAL REPORTING DOCUMENTS ARE REQUESTED TO BE SUBMITTED TO THE PROGRAM	ARE REQUESTED I	O BE SUBMITI	ED TO THE PRO	JGRAM	
DIRECTOR AFTER ONE YEAR FROM FUNDS GRANTED. IF CHANGES OR EXTENSIONS ARE TO	M FUNDS GRANTE	D. IF CHANGE	S OR EXTENSIO	ONS ARE TO	
BE MADE THE GRANTEE MUST SUBMIT A REQUEST TO	JBMIT A REQUEST	TO THE PROG	THE PROGRAM DIRECTOR FOR	FOR	
FURTHER REVIEW AND POSSIBLE BOARD APPROVAL.	BOARD APPROVA				

Schedule I (Form 990) 2023

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Dartment of the Treasury
Liternal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number GOGEBIC RANGE HEALTH FOUNDATION \*\*-\*\*\*4124 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FOUNDATION BOARD OF DIRECTORS ACCUMULATES ALL 990 INFORMATION. THE FINANCIAL INFORMATION GOES TO THE FINANCE COMMITTE FOR REVIEW AND THEN TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE FOUNDATION BOARD OF DIRECTORS RECEIVES A COPY PRIOR TO FILING FORM 990. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL OFFICERS AND DIRECTORS ARE REQUIRED TO FILL OUT AN ANNUAL CONFLICT OF INTEREST FORM. THE BOARD OF DIRECTORS REVIEWS ANY POTENTIAL CONFLICTS DURING A REGULARY SCHEDULED MEETING WHERE CONFLICTS ARE DOCUMENTED. EACH PERSON WITH A CONFLICT IS RESTRICTED FROM VOTING ON RELATED MATTERS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

Form 990

# **Event Income and Deduction Worksheet**

Description WINTER FORMAL

2023

Name

GOGEBIC RANGE HEALTH FOUNDATION

Taxpayer Identification Number \*\*-\*\*\*4124

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	18,760	Advertising and promotion
2. Advertising income 2.		Office
3.		Office Printing/publication/postage
4.		Printing/publication/postage
5. Neturns and allowances		Info technology/Maintenance
6. Contributions received 6.	19,726	No Julies & License Fees
7. Total revenue. Add lines 1 through 6 7.	38 486	Occupancy/Real Estate Taxes
8. Cost of Goods Sold 8.	30,400	riavei & Repairs
9. Employment Expense 9.		ride well established (officials)
0. Fees for services 10.		Comercines/meetings
1. Indirect Expense 11.		incocot
2. Depreciation Expense 12.		
3. Exempt Activity Expense 13.		Total Indirect Expense
4. Fundraising Expense 14.	14 450	
5. Total expenses Add lines 9 through 1445	14,458	Expense Details - Depreciation Expense:
5. Total expenses. Add lines 8 through 1415. 6. Net Income/Loss. Line 7 minus Line 1516.	14,458	On investment property
Line / minus Line 1516.	24,028	on non-investment property
		Amortization  Depletion
ynanca Dataila Cast of C		
xpense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory Purchases		
- aronacco		Expense Details - Exempt Activity Expense:
***************************************		Repairs and Maintenance
		Repairs and Maintenance
0.1101 00013		· · · · · · · · · · · · · · · · · · ·
Total Cost of Goods Sold		Charles Contributions
		- The rood deddellons
xpense Details - Employment Expense:		readership costs
Compensation of officers		Carlot expenses
Other salaries and wages Pension plan contributions		Total Exempt Activity Expense
Other employee benefits  Payroll taxes		Expense Details - Fundraising Expense:
Payroll taxes		Cash prizes
Payroll taxes Total Employment Expense		Non-cash prizes
xpense Details - Fees for Services:		
Management		Entertainment (Part II only)
Management		other direct expenses 14 45
		Total Fundraising Expense 14, 458
Accounting		
- Tanaraionig		
5		
***************************************		
Total Fees for Services		
Information is indicated for the		
Information is indicated for use on Form 990-T, Sc Schedule A, UBIT Activity Code Seg #	hedule A:	Allocation of Expense to Program Service Accomplishments:
		First
Part V, Debt Financing		First Second
Part VI, Controlled Org Income		Second Third
Part VII, Investments for C(7)(9)(17)		All _al.
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

Form 990

# **Event Income and Deduction Worksheet**

Description WINTERFEST MERCER

2023

Name

GOGEBIC RANGE HEALTH FOUNDATION

Taxpayer Identification Number \*\*-\*\*\*4124

# Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales 1.	2,285	Advortising and property	
2. Advertising income 2.		Advertising and promotion	
3. Circulation income 3.		Office	
4. Other income 4.		i ilitilig/publication/postage	
5. Returns and allowances 5.		ino technology/Maintenance	
6. Contributions received 6.	23,280	. Cojunios a License Fees	
7. Total revenue. Add lines 1 through 6 7.	25,200	Occupancy/Real Estate Taxes	
8. Cost of Goods Sold	23,363	rraver & Repairs	
8. Cost of Goods Sold 8. 9. Employment Expense 9.		Travel/entertainment (officials)	
10. Fees for services 10.		Comerences/meetings	
11. Indirect Expense 11.		interest	
12. Depreciation Expense		medianoc	
12. Depreciation Expense12.13. Exempt Activity Expense13.		Total Indirect Expense	
14. Fundraising Expense 14.	11 201		
15. Total expenses. Add lines 8 through 1415.	11,391	Expense Details - Depreciation Expense:	
16. Net Income/Local Line 7 minus Line 1515	11,391	On investment property	
16. Net Income/Loss. Line 7 minus Line 1516.	14,174	On non-investment property	C. T. S.
		Amortization	9 79 7 50 40
		Depletion Total Depreciation Expanse	
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	
Beginning inventory			
1 dicilases		Expense Details - Exempt Activity Expense:	
The state of the s		Repairs and Maintenance	
		Repairs and Maintenance	
		Bad debts Taxes/licenses	dead the
		Taxes/licenses Charitable contributions	
Total Cost of Goods Sold		- The state of the	
		Dividend recd deductions	
Expense Details - Employment Expense:		Readership costs Other expenses	
Compensation of officers Other salaries and wages		The expenses	
- mer caranco ana wages		Total Exempt Activity Expense	
- energy plan contributions		Exponen Details -	
- mer employee beliefits		Expense Details - Fundraising Expense:	
The state of the s		Cash prizes	
Total Employment Expense		Ton oddi prizes	
Expense Details - Fees for Services:			
Management		Entertainment (Part II only)	
Legal Accounting		Other direct expenses	11,391
Accounting		Total Fundraising Expense	11,391
Lobbying			
Professional fundraising			
Investment management			
Other Total Fees for Samiles			
Total Fees for Services			
Information is indicated for use on Form 990-T,			
OCDECINE A LIBIT Activity Cod-		Allocation of Expense to Program Service Acc	omplishmente.
Part V, Debt Financing Seq	#	First	
Part VI, Controlled Org Income		Second Third	
Part VII. Investment of a recome		Third	
Part VIII, Investments for C(7)(9)(17)		All other	
Part VIII, Exploited Activities		All other	
Part IX, Advertising Income			