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.

Department of the Treasury Internal Revenue Service

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

OND NO. 1343-0047
2022
Open to Public
Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning 001 1, 2022 and	enaing U	UN 30, 2023	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang Name	NORTH SHORE HORIZONS, INC			
	chang	Doing business as		41-14517	36
	Initial return Final	127 754 25	Room/suite	E Telephone number 218-834-	
_	Ireturn, termin ated				280,441.
_	ated Amen			G Gross receipts \$	
F	return Applic	·		H(a) Is this a group re	
L	tion pendir	F Name and address of principal officer: O EAN SEWELL, MA		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
_		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemptio	
	Form of art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1981 N	M State of legal domicile: MN
		<u>- </u>	DOTTER	COMMINITAL	PDIICAMTON
ģ	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{ll} WE & PI \\ OUTREACH, & AND & TRAUMA-INFORMED & SERVICES & TO \\ \end{tabular}$			
Activities & Governance					
ē	2	Check this box if the organization discontinued its operations or dispos		1	l _
Š	3			3	6
ع	3 4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ď	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5
.Ξ	6	Total number of volunteers (estimate if necessary)			10
Δ	7 a			7a	0.
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		301,152.	249,062.
2	9	Program service revenue (Part VIII, line 2g)		36,962.	28,713.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25.	32.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,679.	-6,276.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		331,460.	271,531.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		277,763.	268,298.
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		122,674.	113,066.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		400,437.	381,364.
_	19	Revenue less expenses. Subtract line 18 from line 12		-68,977.	-109,833.
or	Second		Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		839,447.	723,917.
t As	<u>2</u> 1	Total liabilities (Part X, line 26)		628,345.	622,648.
2	22	Net assets or fund balances. Subtract line 21 from line 20		211,102.	101,269.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	JEAN SEWELL, MA, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai	d	MICHAEL J PETERSON, CPA MICHAEL J PETERS	SON, 0	5/06/24 self-employ	
Pre	parer	Firm's name WIPFLI LLP		Firm's EIN 3	9-0758449
Use	Only	Firm's address 1502 LONDON ROAD, SUITE 200			
_		DULUTH, MN 55812		Phone no. 21	8.722.4705
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No
		LUA For Donormond Dodovića Ast Nation and the constant instance			Farm 990 (2022)

Par	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE DROWINE COMMINITIAL EDUCATION OF THE PROPERTY
	WE PROVIDE COMMUNITY EDUCATION, OUTREACH, AND TRAUMA-INFORMED SERVICES TO THOSE IMPACTED BY DOMESTIC AND SEXUAL VIOLENCE.
	10 INOSE IMPACIED BI DOMESTIC AND SEXUAL VIOLENCE:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$173,035 • including grants of \$0 • (Revenue \$
	NORTH SHORE HORIZONS AND NEW BEGINNINGS, INC. PROVIDES SUPPORT AND
	HOUSING TO SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT. WE SERVE
	PRIMARILY LAKE COUNTY MINNESOTA WITH A POPULATION OF 10,631 SPREAD OUT
	OVER 2,062 SQUARE MILES. IN FY 2022-2023, NORTH SHORE HORIZONS PROVIDED
	CRISIS INTERVENTION, OUTREACH/EDUCATION, ADVOCACY, LEGAL ASSISTANCE,
	AND CASE MANAGEMENT SERVICES TO 1,351 ADULTS AND CHILDREN. "I NEEDED
	THE SUPPORT. JUST MENTALLY MY SELF-ESTEEM AND DEPRESSION KEPT ME FROM
	MAKING GOOD CHOICES. I WAS DESPERATE WITH NOWHERE TO GO. THEY [NSH]
	HELPED ME WITH BUDGETING, FINDING A HOUSE AND A JOB, AND NOT END UP IN
	A SIMILAR SITUATION, " SAID A CLIENT. IN ADDITION, NORTH SHORE HORIZONS
	FACILITATES THE LAKE COUNTY COORDINATED COMMUNITY RESPONSE TEAM.
41.	(Code:) (Expenses \$ 105,939 • including grants of \$ 0 •) (Revenue \$ 27,953 •)
4b	(Code:) (Expenses \$105,939. including grants of \$0.) (Revenue \$27,953.) NORTH SHORE HORIZONS AND NEW BEGINNINGS PROVIDED HOUSING TO 9 FAMILIES
	DURING THE 2022-2023 FISCAL YEAR, ELIMINATING THE NEED FOR VICTIMS TO
	CHOOSE BETWEEN HOMELESSNESS OR RETURNING TO THEIR ABUSER. NEARLY ALL
	REQUIRED ASSISTANCE IN WORKING TOWARD FINANCIAL STABILITY. 6 FAMILIES
	TRANSITIONED OUT OF NORTH SHORE HORIZONS NEW BEGINNINGS HOUSING, NORTH
	SHORE HORIZONS NEW BEGINNINGS HOUSING PROVIDED 9 HOUSEHOLDS WITH
	TRANSITIONAL HOUSING WITH SUPPORTIVE SERVICES TO ASSIST CLIENTS IN
	OBTAINING THEIR SELF-DEFINED GOALS TOWARDS SELF-SUFFICIENCY. 142
	ADDITIONAL ADULTS AND CHILDREN RECEIVED ASSISTANCE FILING OTHER
	APPLICATIONS FOR HOUSING COACHING ON IMPROVING RENTAL HISTORY AND
	ADVOCATING ON THEIR BEHALF WITH LANDLORDS TO PREVENT HOMELESSNESS.
	NORTH SHORE HORIZONS PROVIDED EMERGENCY HOUSING THROUGH HOTEL STAYS TO
4c	(Code:) (Expenses \$ 38,844 \cdot _ including grants of \$ 0 \cdot _) (Revenue \$)
	THE OUTREACH EDUCATION PROGRAM INCLUDES AN ANNUAL SAFE AND STRONG CHILD
	SEXUAL ABUSE PREVENTION PROGRAMMING FOR ELEMENTARY STUDENTS, CONSENT,
	ONLINE SAFETY, AND HEALTHY RELATIONSHIP EDUCATION FOR 8TH AND 10TH
	GRADE STUDENTS, TRAINING FOR SCHOOL PERSONNEL AND PARENTS, AND
	PROFESSIONAL AND COMMUNITY EDUCATION AND TRAININGS. COVID RESULTED IN
	MOST EVENTS BEING VIRTUAL THROUGH ZOOM OR SOCIAL MEDIA. IN ADDITION,
	NORTH SHORE HORIZONS PARTICIPATES IN A VARIETY OF COMMUNITY EVENTS,
	REACHING WHICH WERE CANCELED OR RESCHEDULED DUE TO THE PANDEMIC. NORTH SHORE HORIZONS' HAS FURTHER DEVELOPED OUR OUTREACH USING SOCIAL MEDIA
	FLATFORMS SUCH AS FACEBOOK, INSTAGRAM, AND TWITTER. DURING OUR FY
	2022-2023, WE WERE ABLE TO REACH OVER 1,900 INDIVIDUALS.
	2022 2020, NO NORD TO MEACH OVER I, DOU INDIVIDUADO.
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 317,818.
	Form 990 (2022)

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Form 990 (2022) NORTH SHORE HORIZONS, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	, ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		_

Form 990 (2022) NORTH SHORE HORIZONS, INC

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00.0		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			للم
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
	(gambling) winnings to prize winners?	1c		ш_

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022) NORTH SHORE HORIZONS, INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
5a			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				,,
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	· ·			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7.		х
لم	to file Form 8282?	7d	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·	7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution received a contribution received a contribution received a contribution received a contrib		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the agreement of the second of the secon		9a		
b	Did the consequence of the consequence of the first tention to a decrease of the consequence of the consequence of		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	1 406			
_	organization is licensed to issue qualified health plans	13b	1		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		170		
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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NORTH SHORE HORIZONS, INC 41-1451736 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	/ other				
	officer, director, trustee, or key employee?			2	X	:	_
3	Did the organization delegate control over management duties customarily performed by or under the	he direct s	upervision				
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		_	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was fi	led?	. 4		-	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		. 5		-	X
6	Did the organization have members or stockholders?			6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint on	e or				
	more members of the governing body?			7a			<u>ζ</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholde	ers, or				
	persons other than the governing body?			7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the fo	ollowing:				
	The governing body?			8a	_	-	_
b	Each committee with authority to act on behalf of the governing body?			8b	X		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						_
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		2	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	<u>Revenue Co</u>	ode.)				_
					Ye		
	Did the organization have local chapters, branches, or affiliates?			10:	3		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, a	ffiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. —			_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before f	iling the form?	11:	a X		_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				٠,	.	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1		-	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			. 12	X	+	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,			٠,	.	
	on Schedule O how this was done			120		-	_
13	Did the organization have a written whistleblower policy?			- 1		-	_
14	Did the organization have a written document retention and destruction policy?			14	. X	-	
15	Did the process for determining compensation of the following persons include a review and approx		pendent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	a X		
	The organization's CEO, Executive Director, or top management official			15:		-	_
a	Other officers or key employees of the organization			15	1		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40		1	Z
L	taxable entity during the year?			16	1	+	_
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in injury continuous arrangements under applicable foderal tay law, and take attent to accompany to a procedure requiring the organization to evalue the continuous arrangements under applicable foderal tay law, and take attent to accompany to a procedure requiring the organization to evalue the continuous arrangements and take attent to accompany to the continuous arrangements.		icipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?			40			
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16	<i>,</i>		-
							-
17	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024.4) if applicable), 990	l 000 T	/ t' FO4 /- \/	2) 1	A	دا دا دا	-

17	List the states with which a copy of this Form 900 is required to be filed	MN

for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Upon request Another's website ___ 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.

55616

State the name, address, and telephone number of the person who possesses the organization's books and records

JEAN SEWELL - 218-834-5924 127 7TH ST, TWO HARBORS, MN

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

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

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

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

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

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

(A)	(B)	l					our	(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ndividual trustee or director	a.			rted		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	lual tr	tional	١.	nploye	st com	_	1099-NEC)		and related organizations
	line)	Indivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEAN A SEWELL	44.00									
EXECUTIVE DIRECTOR				Х				75,849.	0.	18,982.
(2) MARC PORTER WALLACE	4.00	1							_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) TONI WANGEN	4.00	1								
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MILES RINGSRED	1.00	J								
TREASURER	1	Х		Х				0.	0.	0.
(5) JEN DIETRICH	4.00	l		l						•
BOARD RECORDER	1 00	Х		Х				0.	0.	0.
(6) LEWIS CONNER	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) SANDY KNUPP	1.00	٠,,							0	0
BOARD MEMBER (THROUGH DEC 2022)	1 00	Х						0.	0.	0.
(8) SHERRI Q	1.00	.,							0	0
BOARD MEMBER	1	Х						0.	0.	0.
		1								
		1								
		-								
-										
The state of the s				_	_	_				

(A) Average hours per week hours per	Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	ΙΗίζ	gnes	t C	ompensated Employee	s (continued)				
to Subtotal Total from continuation sheets to Part VII, Section A Total from cont							1					_		
Week	Name and title	1	(do not check more than one box, unless person is both an							•				
hours for related organizations below blow line) 1			offic						· '		- 1			
1b Subtotal		1 '	director				_			•			•	
1b Subtotal		1	tee or c	ıstee			nsated							
1b Subtotal		1 -	al trust	nal tru		loyee	com pe		1099-NEC)					
1b Subtotal		1	udividu	stitutic	fficer	ey emp	ighest mploye	ormer				orga	anizatio	ons
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O		,	드	느	0	Ϋ́	Ξē	'n.						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O														
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compensation from the organization O												1	8,98	<u>82.</u>
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	·											3		X
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•		address	NC	ONE	3					ervices	С	ompe	nsatio	า
•														
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•														
•														
•														
			ot lin	nited	to t	_		ted	above) who received mo	ore than				

Form 990 (2022) NORTH S
Part VIII Statement of Revenue

			Check if Schedule O co	ntains	a response	or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns		1a	5,028.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			3,0200				
S S			Fundraising events							
fts,			Related organizations							
ية إق						224,636.				
ons,			Government grants (contrib			224,030.				
utic		T	All other contributions, gifts, gr			10 300				
ĕ			similar amounts not included al			19,398.				
ont		_	Noncash contributions included in line				240 062			
O g		n	Total. Add lines 1a-1f				249,062.			
			CIIDDODMIXID IIOII	CTN	a	Business Code	27 052	27 052		
<u>ic</u> e			SUPPORTIVE HOU		<u> </u>	624100	27,953. 760.	27,953. 760.		
er Je			LAKE COUNTY FE			624100	/60•	/60•		
n S		С								
irar 3ev		d								
Program Service Revenue		е				604100				
Δ.			All other program service re				00 512			
_		g	Total. Add lines 2a-2f				28,713.			
	3		Investment income (including				20			2.0
							32.			32.
	4		Income from investment of	ax-exe	empt bond	proceeds				
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents	Sa						
		b	Less: rental expenses	3b						
		С	Rental income or (loss)	ic						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i)	Securities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ne			and sales expenses							
her Revenue		С	Gain or (loss)	7c						
Re			Net gain or (loss)		<u></u>					
Jer	8	а	Gross income from fundraising	events	(not					
₹			including \$		of					
			contributions reported on lir	ne 1c).	See					
			Part IV, line 18		8					
		b	Less: direct expenses		8k	8,910.				
		С	Net income or (loss) from fu	ndraisi	ng events		-6,276.			-6,276.
			Gross income from gaming							
			Part IV, line 19		98	a				
		b	Less: direct expenses							
		С	Net income or (loss) from ga	ming a	activities .					
			Gross sales of inventory, les							
			and allowances		10	a				
		b	Less: cost of goods sold			b				
			Net income or (loss) from sa							
				_		Business Code				
snc	11	а								
Miscellaneous Revenue		b								
ella		С								
SS B			All other revenue							
≥			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				271,531.	28,713.	0.	-6,244.

Form 990 (2022) NORTH SHORE HORIZONS, INC Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	06 600	07 020	0 702	0.6.6
_	trustees, and key employees	96,699.	87,030.	8,703.	966.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	133,018.	110 716	11,971.	1 221
7	Other salaries and wages	133,010.	119,716.	11,3/1.	1,331.
8	Pension plan accruals and contributions (include	1 0/1	1 7/7	175	1 0
0	section 401(k) and 403(b) employer contributions)	1,941. 18,519.	1,747. 16,667.	175. 1,666.	196
9	Other employee benefits	18,121.	16,309.	1,631.	19. 186. 181.
10 11	Payroll taxes	10,121.	10,303.	1,051.	101•
	Fees for services (nonemployees):				
a	Management				
b c	<u> </u>	2,000.	306.	1,694.	
d		2,000.	300.	1,051.	
e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	4,728.	709.	4,019.	
12	Advertising and promotion	,		,	
13	Office expenses	24,150.	13,765.	8,694.	1,691.
14	Information technology	•		·	•
15	Royalties				
16	Occupancy	11,016.	8,923.	2,093.	
17	Travel	1,699.	917.	782.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,239.	1,115.	112.	12.
20	Interest	68.		68.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,083.	40,553.	5,530.	
23	Insurance	6,533.	131.	6,402.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	10,223.	6,645.	3,578.	
b	DUES & SUBSCRIPTIONS	2,920.	934.	1,986.	
c	VICTIM SERVICES	555.	555.	= , , , , ,	
d			2220		
e	All other expenses	1,852.	1,796.	56.	
25	Total functional expenses. Add lines 1 through 24e	381,364.	317,818.	59,160.	4,386.
26	Joint costs. Complete this line only if the organization	,	,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			51,918.	1	12,338.
	2	Savings and temporary cash investments			40,811.	2	29,217.
	3	Pledges and grants receivable, net			68,339.	3	52,526.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial co	ntributor, or 35%			
		controlled entity or family member of any of t	hese persor	ns		5	
	6	Loans and other receivables from other disqu	ualified perso				
		under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			15,197.	9	12,737.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	1,226,096.			
	b	Less: accumulated depreciation	10b	608,997.	663,182.	10c	617,099.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			839,447.	16	723,917.
	17	Accounts payable and accrued expenses	24,114.	17	21,355.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ý	22	Loans and other payables to any current or for	ormer office	r, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial co	ntributor, or 35%			
abil		controlled entity or family member of any of t	hese persor	ns		22	
Ï	23	Secured mortgages and notes payable to un	related third		599,276.	23	599,276.
	24	Unsecured notes and loans payable to unrela	ated third pa	urties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
		of Schedule D			4,955.	25	2,017.
	26	Total liabilities. Add lines 17 through 25			628,345.	26	622,648.
		Organizations that follow FASB ASC 958, or	check here	X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			204,652.	27	94,819.
Ba	28	Net assets with donor restrictions			6,450.	28	6,450.
<u>n</u>		Organizations that do not follow FASB AS	C 958, chec	k here			
ŕ		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ıds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			211,102.	32	101,269.
_	33	Total liabilities and net assets/fund balances			839,447.	33	723,917.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27	<u>1,5</u>	<u>31.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	1,1	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10	1,2	<u>69.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public Inspection

Name of the organization

NORTH SHORE HORIZONS,

Employer identification number

OMB No. 1545-0047

41-1451736 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	. ,	,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	292,741.	393,657.	279,897.	301,152.	249,062.	1516509.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	292,741.	393,657.	279,897.	301,152.	249,062.	1516509.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1516509.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	292,741.	393,657.	279,897.	301,152.	249,062.	1516509.
	Gross income from interest,		•		•	•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	237.	100.	57.	25.	32.	451.
9	Net income from unrelated business	-			_	-	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1516960.
	Gross receipts from related activities,	etc (see instruction	nns)			12	238,128.
	First 5 years. If the Form 990 is for the						
	organization, check this box and stor	_		•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	99.97 %
	Public support percentage from 2021					15	99.97 %
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
r	33 1/3% support test - 2021. If the o						
_	and stop here. The organization qual	•		•		•	
17:	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		_	
r	10% -facts-and-circumstances test	-		*	-	7a and line 15 is	
	more, and if the organization meets the						. 5,0 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-		•		······
<u></u>	The second of the organization	a.a . /ot of look a		, , 11 4, 01 17 0	, 555.1 till5 box al		(Form 990) 2022

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) Total
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•			
	line 18 is not more than 33 1/3%, che	ck this box and sf	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						一

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	140
1		
_		
2		
3a		
Ja		
3b		
3c		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
ioa		
10b		
ule A (Forn	n 990)	2022

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Par	Supporting Organizations (continued)		
	_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?		
	A family member of a person described on line 11a above?		_
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
01	detail in Part VI.		
Seci	ion B. Type I Supporting Organizations	1	Τ
		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported.		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization 2		
Sect	supervised, or controlled the supporting organization. 2 ion C. Type II Supporting Organizations		
	,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		110
	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).		
Sect	ion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		_
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Sect	supported organizations played in this regard. 3 ion E. Type III Functionally Integrated Supporting Organizations		1
1 a	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 satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction)	nns)	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule	Δ	(Form	990)	2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

<u>4</u> 5

6

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Schedule A (Form 990) 2022

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

NORTH SHORE HORIZONS, INC

Employer identification number 41-1451736

Total number of end of year 2 Aggregate value of grants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, aubject to the organization's exclusive legal control? 6 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in grantset, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentation property in the property of the donor or donor advisor, or for any other purpose conferring impermentation or land for public use (for example, recreation or education) 1 Purpose(9) or conservation assements held by the organization (helds all that apply). 1 Purpose(9) or conservation assements held by the organization funds are preservation of a conservation assement on the last day of the tax, year. 2 Total number of conservation easements included in (a) aquilified conservation in easements on the last day of the tax, year. 3 Total number of conservation easements included in (a) aquilified conservation in the form of a conservation easement on the last that the preservation of experiments included in (a) applicable of the preservation of conservation easements included in (a) applicable of the foreign and the preservation of the preservation during the tax year. 3 Total number of conservation easements included in (a) acquired after July 25,2006, and not on a historic structure included in (a) and the preservation during the tax year. 4 Number of existence with the National Register 5 Number of conservation easements to model (in) capculier dafter July 25,2006, and not on a historic structure included in (a) equipartication during the year. 5 Does the organization during the preservat	Pai			s or Accounts. Complete if the
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Bart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Par	t III Organizations Maintaining Col				asures o	r Other S	Similar As	sets /sen		age <u>~</u>
a Public arbibition d Loan or exchange program a Public arbibition d Cother b Scholarly research e Other b Scholarly research e Other c Preservation for thurse generations d Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicition receive donations of art, historical treasures, or other similar assets to be sold for usine funds rather than to be maintained as part of the organization and collection? Yee No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2. 1a Is the organization and pent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance International In		•							•	<u>tinuea)</u>	
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(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 9 , 200 • 49 , 200 • 49 , 200 • 559 , 15	За	Are there endowment funds not in the possess	ion of the organiza	tion tha	t are held a	nd administer	ed for the				
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 49,200. b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements d Equipment e Other		organization by:								Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 49,200. b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements d Equipment e Other		(i) Unrelated organizations							3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 49,200. b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements d Equipment 90, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation 49,200. 49,200. 585,632. 587,49. e Other									3a(i	í)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 49,200. b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements d Equipment 90, Part X, line 10. (b) Cost or other basis (other) 1,144,782. 585,632. 589,150.	b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?				3b		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 49,200. Buildings 1,144,782. Leasehold improvements d Equipment Other 12,200. 13,2114. 14,782. 15,85,632. 14,749. 14,782. 15,85,632. 15,9150.	4										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par	t VI Land, Buildings, and Equipme	nt.								
tall Land basis (investment) basis (other) depreciation b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements 32,114. 23,365. 8,749. e Other 147,200. 147,200. 147,200.	`	Complete if the organization answered "	'Yes" on Form 990	, Part IV	', line 11a. S	See Form 990	, Part X, lin	ie 10.			
1a Land 49,200. 49,200. b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements 32,114. 23,365. 8,749. e Other 147,200.		Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulated	(d) Bo	ok valı	ue
b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements 32,114. 23,365. 8,749. e Other 31,114. 32,114. <		,	basis (investn	nent)	basis	(other)	depre	eciation	` '		
b Buildings 1,144,782. 585,632. 559,150. c Leasehold improvements 32,114. 23,365. 8,749. e Other 31,114. 32,114. <	1a	Land			4	9,200.				$\overline{49,2}$	200.
c Leasehold improvements d Equipment 32,114. 23,365. 8,749. e Other							58	35,632.			
d Equipment 32,114. 23,365. 8,749.						-		-			
e Other			I		3	2,114.	2	23,365.		8,7	49.
						-		-			
	_			X colum	n (B) line 1	0c.)			6:	17,0	99.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	HORIZONS, INC		1-1451736 Page 3
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or er	ad of year market value
(A) F:	(b) Book value	(c) Method of Valuation. Cost of el	iu-or-year market value
(2) 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	are Farme 000. Doubly line	11d Coo Forms 000 Book V line 15	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) book value
(1)			
(2)			
(3)			1
<u>(4)</u>			
<u>(5)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.
1. (a) Description of liability	,	, ,	(b) Book value
(1) Federal income taxes			(,,
(2) SECURITY DEPOSITS HELD			2,017.
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		2,017.

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

Schedule D (Form 990) 2022

Pai	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		r (Describe in Part XIII.)			
е	Add li	ines 2a through 2d		2e	
3	Subtr	ract line 2e from line 1		3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	r (Describe in Part XIII.)	4b		
С	Add li	ines 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line	e 12.)	5	
Pa	rt XII			es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I			
1		expenses and losses per audited financial statements		1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b	Prior	year adjustments	2b		
С		rlosses			
d	Other	(Describe in Part XIII.)	2d		
е		ines 2a through 2d			
3		ract line 2e from line 1		3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		r (Describe in Part XIII.)	4b		
		ines 4a and 4b			
5 Da	lotal	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lii Supplemental Information.	ne 18.)	5	
		1 11	and 4. Dort IV lines the and Ob. Dor	t V. line 4. Dest V. line 0. Dest	VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ad 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		t v, iiile 4, Fait ∧, iiile ∠, Fait .	ΛΙ,
111163	Zu and	a 4b, and Fart An, lines 2d and 4b. Also complete this part to provid	de arry additional information.		
					_

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

NORTH SHORE HORTZONS TNC Employer identification number 41-1451736

NORTH BHOKE HORIZOND, INC. 41 1431730
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND SEXUAL VIOLENCE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
2 PARTICIPANTS FOR UP TO 1 DAY.
FORM 990, PART VI, SECTION A, LINE 2:
BUSINESS RELATIONSHIP - THE EXECUTIVE DIRECTOR IS CURRENTLY RENTING
PROPERTY FROM A BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS EMAILED TO THE DIRECTOR, WHO THEN EMAILS IT TO THE BOARD OF
DIRECTORS FOR REVIEW AND THEN APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MEETS MONTHLY. EACH PERSON HAS THE ETHICAL RESPONSIBILITY TO
INFORM OTHER BOARD MEMBERS OF POSSIBLE CONFLICTS OF INTEREST. OUR POLICY
IS AVAILABLE AT EVERY MEETING. ANYONE WITH A CONFLICT MAY SIGN-OUT AND
RECUSE THEMSELVES FROM AN ISSUE AND/OR A MEETING.
FORM 990, PART VI, SECTION B, LINE 15:
FOR THE EXECUTIVE DIRECTOR: 360 REVIEW PROCESS IS DONE ANNUALLY WHERE
EMPLOYEES AND BOARD MEMBERS ARE GIVEN THE QUESTIONNAIRE AND THEN THE
ANSWERS ARE SEALED AND MAILED BACK TO THE BOARD CHAIR. THE BOARD CHAIR
COMPILES THE ANSWERS AND THEN MEETS WITH THE ED WITH ANOTHER BOARD MEMBER
TO DISCUSS THE RESULTS OF THE PERFORMANCE REVIEW.

232211 10-28-22

Schedule O (Form 990) 2022

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** 41-1451736 NORTH SHORE HORIZONS, INC FOR PROGRAM STAFF: AN ANNUAL REVIEW IS HELD IN WHICH THE EXECUTIVE DIRECTOR DOES A REVIEW OF THE EMPLOYEE AS WELL AS THE EMPLOYEE DOING A SELF-REVIEW. THE EXECUTIVE DIRECTOR THEN MEETS WITH THE EMPLOYEE TO GO OVER BOTH REVIEWS WITH EMPLOYEE AND WORK TOGETHER ON NEXT YEAR'S GOALS. THE BOARD REVIEWS SALARIES USING THE MINNESOTA COUNCIL OF NONPROFITS "SALARIES AND WAGES FOR NONPROFITS" AS A SALARY GUIDE. FROM EMPLOYEE HANDBOOK: PERFORMANCE AND JOB APPRAISAL THE EMPLOYER MAY REQUIRE EACH EMPLOYEE TO PARTICIPATE IN AN EVALUATION AND PLANNING CONFERENCE WITH HIS/HER IMMEDIATE SUPERVISOR FOR THE PURPOSE OF PERFORMANCE EVALUATION, REVIEWING JOB DESCRIPTION, AND PLANNING PERFORMANCE OBJECTIVES. NOTES ON THESE CONFERENCES ARE PART OF THE EMPLOYEE'S PERSONNEL RECORD. FORM 990, PART VI, SECTION C, LINE 19: FORM 990S ARE AVAILABLE ON GRANTS.GOV, AND COPIES ARE SENT TO THOSE WHO REQUEST THEM, LIKE GRANTORS AND COMMUNITY MEMBERS. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

41-1451736 NORTH SHORE HORIZONS, INC Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) NORTH SHORE HORIZONS NEW BEGINNINGS, LLC OWNS AND OPERATES 127 7TH ST SUPPORTIVE HOUSING NORTH SHORE HORIZONS, TWO HARBORS MN 55616 FACILITIES MINNESOTA 32,453, 37,342.INC Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (d) (e) (f) (c) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No

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

Schedule R (Form 990) 2022

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

organization trouted as a parametering are tall year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or				ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage ownership		
ğ		foreign	,	excluded from tax under		assets		IUUIIS?	20 of Schedule	partner*	<u>'</u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
	1										
	1										
	1										
	1										
	1										
	1										
	1										

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

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

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a					
b	b Gift, grant, or capital contribution to related organization(s)									
	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f					
g	Sale of assets to related organization(s)				1g					
	Purchase of assets from related organization(s)				1h					
	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
	q Reimbursement paid by related organization(s) for expenses									
r	r Other transfer of cash or property to related organization(s)									
s	Other transfer of cash or property from related organization(s)				1s					
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	nvolved					
		type (a 3)								
(1)										
(2)										
(0)										
(3)										
(4)										
(4)										
(E)										
(5)										

Page 4

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

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

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