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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization THE COPPER NAIL COMMUNITY RESALE SHOP
Number and street (or P O box, if mail is not delivered to street address) Room/suite 111 E MICHIGAN AVENUE
City or town, state or province, country, and ZIP or foreign postal code GRASS LAKE, MI 49240

D Employer identification number

26-0884302

E Telephone number

(517) 522-8514

F Group Exemption Number

G Accounting Method [X] Cash [ ] Accrual Other (specify)

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one) [X] 501(c)(3) [ ] 501(c)( ) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 141,936

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service, Membership, Investment, Gaming, etc.), Expenses (Grants, Salaries, etc.), and Net Assets (Excess or deficit, beginning/end of year).

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year | (B) End of year   |
|--|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 86,807                | <b>22</b> 107,151 |
| <b>23</b> Land and buildings . . . . .   | 206,827               | <b>23</b> 225,133 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b>         |
| <b>25 Total assets</b> . . . . .   | 293,634               | <b>25</b> 332,284 |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   | 142,415               | <b>26</b> 124,126 |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 151,219               | <b>27</b> 208,158 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
TO PROVIDE FINANCIAL SUPPORT TO LOCAL NONPROFIT ORGANIZATIONS IN THE GRASS LAKE AREA IN ORDER TO ASSIST THEM IN MEETING THEIR GROUP GOALS TO ACHIEVE THIS MISSION, WE OPERATE A COMMUNITY RESALE SHOP RETAILING ITEMS DONATED BY THE COMMUNITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|   |            |        |
|---|------------|--------|
| <b>28</b> IN THE 2013 CALENDAR YEAR, THE COPPER NAIL COMMUNITY RESALE SHOP PROVIDED MORE THAN 25,000 TO VARIOUS LOCAL NONPROFIT ORGANIZATIONS AND GROUPS IN THE GRASS LAKE AREA<br>(Grants \$ 38,755) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 43,947 |
| <b>29</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b> |        |
| <b>30</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>30a</b> |        |
| <b>31</b> Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b> |        |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) <input checked="" type="checkbox"/>  | <b>32</b>  | 43,947 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and controlled entities. Includes fields for Form 990-T, Form 1120-POL, and Form 720.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here: Signature of officer (EDWARD FULLER PRESIDENT) and Date (2014-06-25)

Paid Preparer Use Only: Print/Type preparer's name (PHIL S WILLIS CPA), Preparer's signature, Date (2014-06-25), Check self-employed, PTIN (P00057443), Firm's name (WILLIS & JURASEK PC CPAS), Firm's EIN (38-1964450), Firm's address (2545 SPRING ARBOR RD STE 200 JACKSON, MI 492033690), Phone no (517) 788-8660

May the IRS discuss this return with the preparer shown above? See instructions

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-0884302

**Name:** THE COPPER NAIL COMMUNITY RESALE  
SHOP

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address              | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|-----------------------------------|--|--|---|--|
| EDWARD FULLER<br>PRESIDENT        | 4 00   | 0  |   |  |
| MARILYN O'LEARY<br>SECRETARY      | 12 00  | 0  |   |  |
| ELIZABETH COPPERNOLL<br>TREASURER | 9 00   | 0  |   |  |
| DIANE MEMMER<br>TRUSTEE           | 2 00   | 0  |   |  |
| DIANE DEBOE<br>TRUSTEE            | 2 00   | 0  |   |  |
| LINDA ZANDER<br>TRUSTEE           | 9 00   | 0  |   |  |
| CHUCK MACNEIL<br>TRUSTEE          | 2 00   | 0  |   |  |
| MELVIN PARKER<br>TRUSTEE          | 2 00   | 0  |   |  |

**SCHEDULE A**  
(Form 990 or 990EZ)

**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. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE COPPER NAIL COMMUNITY RESALE SHOP

**Employer identification number**  
26-0884302

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An 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 )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     | No |
| <b>11g(ii)</b>  |     | No |
| <b>11g(iii)</b> |     | No |
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
| See Additional Data Table          |          |  |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |  |  |    |   |    |  |    | 38,755                           |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |           |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  |          |          |          |          |           |           |
| <b>11 Total support</b> (Add lines 7 through 10)  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc (see instructions)  |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> |  |
| <b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14  | <b>15</b> |  |
| <b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>  |           |  |
| <b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |  |
| <b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>  |           |  |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 11H | FAMILY WORSHIP CENTER 38-2944489 1 X X 4,100 GEORGE LONG PTA 26-3390022 7 X X<br>2,011 GRASS LAKE BOY SCOUTS 38-2448051 7 X X 1,908 GRASS LAKE COMMUNITY<br>SCHOOLS 38-6001844 6 X X 1,100 GRASS LAKE COMMUNITY SCHOLARSHIP FUND 38-<br>6100738 7 X X 2,500 GRASS LAKE FEDERATED CHURCH PRESCHOOL 38-1781676 1 X X 2,007<br>GRASS LAKE HISTORICAL SOCIETY 38-2017683 7 X X 5,000 FRIENDS OF GRASS LAKE<br>LIBRARY 38-3133327 7 X X 2,000 GRASS LAKE LEO'S 38-6111363 9 X X 1,844 GRASS LAKE<br>LIONS CLUB 38-6111363 9 X X 1,948 GRASS LAKE SPORTSMAN CLUB 38-3149418 9 X X<br>1,655 GRASS LAKE UNITED METHODIST CHURCH 38-1739340 1 X X 500 GRASS LAKE<br>VOLUNTEER INIATIVE 26-0084302 9 X X 966 |

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 26-0884302

**Name:** THE COPPER NAIL COMMUNITY RESALE SHOP

**Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).**

| (i)<br>Name of Supported Organization     | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section ) | (iv)<br>Is the organization in (i) listed in your governing document? |    | (v)<br>Did you notify the organization in (i) of your support? |    | (vi)<br>Is the organization in (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---|-------------|---|---|----|--|----|---|----|-----------------------------|
|   |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
| (A) AMERICAN LEGION POST 252VFW           | 386148047   | 9   |   | No | Yes  |    | Yes   |    | 1198                        |
| (A) GRASS LAKE MINISTERIAL ASSOCIATION    | 211281693   | 1   |   | No | Yes  |    | Yes   |    | 2400                        |
| (B) GRASS LAKE CUB SCOUTS                 | 381739340   | 7   |   | No | Yes  |    | Yes   |    | 2327                        |
| (C) GRASS LAKE AREA HISTORICAL SOCIETY    | 382017683   | 7   |   | No | Yes  |    | Yes   |    | 4055                        |
| (D) WHISTLESTOP PARK ASSOCIATION          | 382830739   | 7   |   | No | Yes  |    | Yes   |    | 1236                        |
| (E) FAMILY WORSHIP CENTER                 | 382944489   | 1   |   | No | Yes  |    | Yes   |    | 4100                        |
| (F) GEORGE LONG PTA                       | 263390022   | 7   |   | No | Yes  |    | Yes   |    | 2011                        |
| (G) GRASS LAKE BOY SCOUTS                 | 382448051   | 7   |   | No | Yes  |    | Yes   |    | 1908                        |
| (H) GRASS LAKE COMMUNITY SCHOOLS          | 386001844   | 6   |   | No | Yes  |    | Yes   |    | 1100                        |
| (I) GRASS LAKE COMMUNITY SCHOLARSHIP FUND | 386100738   | 7   |   | No | Yes  |    | Yes   |    | 2500                        |
| (J) GRASS LAKE FEDERATED CHURCH PRESCHOOL | 381781676   | 1   |   | No | Yes  |    | Yes   |    | 2007                        |
| (K) GRASS LAKE HISTORICAL SOCIETY         | 382017683   | 7   |   | No | Yes  |    | Yes   |    | 5000                        |
| (L) FRIENDS OF GRASS LAKE LIBRARY         | 383133327   | 7   |   | No | Yes  |    | Yes   |    | 2000                        |
| (M) GRASS LAKE LEO'S                      | 386111363   | 9   |   | No | Yes  |    | Yes   |    | 1844                        |
| (N) GRASS LAKE LIONS CLUB                 | 386111363   | 9   |   | No | Yes  |    | Yes   |    | 1948                        |

**Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).**

| (i)<br>Name of Supported Organization  | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section ) | (iv)<br>Is the organization in (i) listed in your governing document? |    | (v)<br>Did you notify the organization in (i) of your support? |    | (vi)<br>Is the organization in (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|--|-------------|---|---|----|--|----|---|----|-----------------------------|
|  |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
| (P) GRASS LAKE SPORTSMAN CLUB          | 383149418   | 9   |   | No | Yes  |    | Yes   |    | 1655                        |
| (A) GRASS LAKE UNITED METHODIST CHURCH | 381739340   | 1   |   | No | Yes  |    | Yes   |    | 500                         |
| (B) GRASS LAKE VOLUNTEER INITIATIVE    | 260084302   | 9   |   | No | Yes  |    | Yes   |    | 966                         |

**SCHEDULE O**  
(Form 990 or 990-EZ)

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
THE COPPER NAIL COMMUNITY RESALE  
SHOP

Employer identification number

26-0884302

**990 Schedule O, Supplemental Information**

| Return Reference                 | Explanation  |
|----------------------------------|--|
| FORM 990-EZ,<br>PART I, LINE 10  | GRASS LAKE MINISTERIAL ASSOCIATION ` 38,755 0 0  |
| FORM 990-EZ,<br>PART I, LINE 16  | EXPENSES CONTRACT SERVICES 3,287 OPERATIONS 11,691 OTHER COSTS 18,320 BUSINESS EXPENSES 527 TOTAL 33,825   |
| FORM 990-EZ,<br>PART II, LINE 26 | GL DDA LOAN 48,000 42,000 FARMERS STATE BANK MORTGAGE 94,415 82,126  |
| FORM 990-EZ,<br>PART III         | TO PROVIDE FINANCIAL SUPPORT TO LOCAL NONPROFIT ORGANIZATIONS IN THE GRASS LAKE AREA IN ORDER TO ASSIST THEM IN MEETING THEIR GROUP GOALS TO ACHIEVE THIS MISSION, WE OPERATE A COMMUNITY RESALE SHOP RETAILING ITEMS DONATED BY THE COMMUNITY |

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No 1545-0172  
**2013**  
 Attachment  
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

|  |  |   |
|--|--|---|
| Name(s) shown on return<br>THE COPPER NAIL COMMUNITY RESALE SHOP | Business or activity to which this form relates<br>INDIRECT DEPRECIATION | <b>Identifying number</b><br><br>26-0884302 |
|--|--|---|

**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

|  |   |           |
|--|---|-----------|
| 1 Maximum amount (see instructions)  | 1 | 500,000   |
| 2 Total cost of section 179 property placed in service (see instructions)  | 2 |           |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3 | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-  | 4 |           |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 |           |

| 6 (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
|--|------------------------------|------------------|
| 7 Listed property Enter the amount from line 29  | 7                            |                  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                                | 8                            |                  |
| 9 Tentative deduction Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562   | 10                           |                  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11                           |                  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11                              | 12                           |                  |
| 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12  | 13                           |                  |

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

|  |    |  |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 Property subject to section 168(f)(1) election  | 15 |  |
| 16 Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|   |    |       |
|---|----|-------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2013   | 17 | 5,192 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |  | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (see instructions.)**

|   |    |       |
|---|----|-------|
| 21 Listed property Enter amount from line 28  | 21 |       |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 5,192 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |       |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)
43 Amortization of costs that began before your 2013 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

## TY 2013 Compensation Explanation

**Name:** THE COPPER NAIL COMMUNITY RESALE  
SHOP

**EIN:** 26-0884302

| Person Name          | Explanation |
|----------------------|-------------|
| EDWARD FULLER        |             |
| MARILYN OLEARY       |             |
| ELIZABETH COPPERNOLL |             |
| DIANE MEMMER         |             |
| DIANE DEBOE          |             |
| LINDA ZANDER         |             |
| CHUCK MACNEIL        |             |
| MELVIN PARKER        |             |