Return of Organization Exempt From Income Tax

OMB No. 1545-0047

									2020		
				527, or 4947(a)(1) of the Interna				lations)			
		the Treasury		nter social security numbers on	-		-		Open to Public		
		ue Service		www.irs.gov/Form990 for instr					Inspection		
_			ar year, or tax year begin		, 2020, a	and endi	ng		, 20		
		applicable:	C Name of organization Doing business as	OPE Foundation, Inc.				D Emp	loyer identification number		
Ξ	ddress	•	46-5391861								
Ξ		ne change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephon									
Ξ	itial retu		PO Box 1251						(516)484-4993		
		rn/terminated		ovince, country, and ZIP or foreign postal co	ode				s receipts		
	mendeo		Melville, NY					\$	263,888		
LA	pplicatio	on pending		incipal officer: SANDY WOLKOFF					for subordinates? Yes X No		
			501(c)(3) 501(c) (tes included? Yes No		
) < (insert no.) 4947(a)(1) or	527				st. See instructions		
	/ebsite:		efoundation.org				H(c) Group e				
К Г		organization: X Summar		sociation Other ►	L Year of formati		.4 ™ :	State of leg	gal domicile: NY		
Fai	1		,	sion or most significant activities:	CODE (Connor	+ina	Our Dat	ha Rt	(ampaller) ig a		
	1	,	0	ing organization dedic	<u> </u>	-			ernally) is a		
e			-	ce 1999, COPE has con							
anc				-	nected individ	luais	who hav	e exp	erienced similar		
Governance	2		y providing wrapa	n discontinued its operations or di	ispasad of more than	25% of it	te not acco	to			
õ	3			·				1	10		
			• •	• • • •					12		
Activities &	4			rs of the governing body (Part VI,	,				12		
ivit	5			n calendar year 2020 (Part V, line	,				13		
Act	6		r of volunteers (estimate if	• /					100		
				Part VIII, column (C), line 12 .					0		
	b	Net unrelate	d business taxable incom	e from Form 990-T, Part I, line 11	••••	• • • •		. 7b	0		
							Prior Year		Current Year		
	8		•	•1h)			109	,697	187,649		
nue	9	0	, · · ·	e 2g)					0		
Revenue	10			A), lines 3, 4, and 7d) \ldots				5,821	5,927		
Å	11			nes 5, 6d, 8c, 9c, 10c, and 11e)				3,309	66,182		
	12			(must equal Part VIII, column (A),	· · · · · · · · · · · · · · · · · · ·		343	8,827	259,758		
	13			IX, column (A), lines 1-3)					0		
	14		•	X, column (A), line 4)					0		
ú	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A), lir	nes 5-10)	·	251	,397	216,857		
ses			0 (,	column (A), line 11e)					0		
Expense	b			olumn (D), line 25) ►							
Ш	17	•		nes 11a-11d, 11f-24e)				,195	52,643		
	18	•	•	t equal Part IX, column (A), line 2	,		325	592	269,500		
	19	Revenue les	s expenses. Subtract line	18 from line 12		•	18	3,235	(9,742)		
res Ces							nning of Curre		End of Year		
Net Assets or Fund Balances	20		(, ,					,652	412,868		
t As: Id B:	21							,708	67,666		
	22			t line 21 from line 20		•	354	,944	345,202		
Par		.	re Block								
				urn, including accompanying schedules and ficer) is based on all information of which pr		of my knov	vledge and bel	lief, it is			
	1										
0.	_		RY RADOWITZ						11-09-2021		
Sig		Signatur	re of officer					Da	ate		
Here	e	SHER	RY RADOWITZ, TREA	ASURER							
		· · ·	print name and title	T	Т						
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN		
Paic		Donald	Damore	Donald Damore	11-09-20	21	self-em	ployed	P02163204		
Pre	bare	Firm's name	Donald 1	Damore, CPA, P.C.		F	irm's EIN 🕨				
Use	Only	Firm's addres	s > 94 West	Main Street Suite 2	01A	P	hone no.				
			Bay Sho	re NY 11706				516-	330-6403		

No

Form	n 990 (2020) COPE Foundation, Inc.	46-5391861	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	COPE (Connecting Our Paths Eternally) is a nonprofit grief and healing organ		
	helping parents and families living with the loss of a child. Since 1999, CC		cted
	individuals who have experienced similar losses by providing wraparound proc	grams.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$205,988 including grants of \$) (Revenue	\$)
	Parent, sibling and teen bereavement support group meetings; healing worksho	-	
	bereavement camp for children 6 to 17 years of age grieving the loss of some		them;
	and a variety of special programs for our families as well as the community.	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
			,
	Other program can risco (Deceribe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 205,988)	
EEA		Forn	n 990 (2020)
-			· ·/

Forn	1990 (2020) COPE Foundation, Inc. 46-539	1861	F	Page 3
Pa	rt IV Checklist of Required Schedules		1	1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?		x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	·		
-	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		х
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	x	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	116		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	. 11c		
h	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			x
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		v
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		-	x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		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?		1	x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	. 15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		х
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		х
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		1	х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		1	х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b	1	
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

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		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		х
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		05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	••••	25a		х
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?		054		
20	If "Yes," complete Schedule L, Part I		25b		х
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%		26		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		26		x
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		21		
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
u	"Yes," complete Schedule L, Part IV.		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	••••	200		л
Ŭ	"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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		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 in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	

Form	990 (2020) COPE Foundation, Inc. 46-53918	861	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		x
b		ch		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
h				
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Pa	rt 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 in Schedule O. See instructior	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	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 in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or 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 filed?	4 5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		x
1a	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		x
D.	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.0		
Ū	the year by the following:			
а	The governing body?	8a	х	
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 reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
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 approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		x x
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		~
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Toa	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tua		~
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New York			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Adam Rabinovitch (516)484-4993, 225 Bryant Ave, Roslyn, NY 11576			

Form 990 (202)) COPE Foundation, Inc.	46-5391861	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
	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 t organization's t	nis table for all persons required to be listed. Report compensation for the calendar year ending ax year.	with or within the	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

	lieu organizat		npen	ISALE	u a	iny cun	en				
					C)						
(A)	(B)	(al.c	natak -		ition			(D)	(E)	(F)	
Name and title	Average hours per week	hours officer and a director/trustee) er week						Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee or director		Key employee Officer		Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and related organizations	
(1) ADAM RABINOVITCH	40.00										
EXECUTIVE DIRECTOR				x				81,875	0	0	
(2) DOUG NEWTON	5.00										
BOARD MEMBER		х						0	0	0	
(3) BILL COOPERMAN	5.00										
BOARD MEMBER		х						0	0	0	
(4) JANE BELL	5.00										
BOARD MEMBER		х						0	0	0	
(5) RON JASSER	5.00										
BOARD MEMBER		х						0	0	0	
(6) BILLY SLOVIN	5.00										
BOARD MEMBER		х						0	0	0	
(7) LILLIAN JULIEN	10.00										
PRESIDENT EMERITA		х						0	0	0	
(8) BARBARA OMALLEY	5.00										
BOARD MEMBER		х						0	0	0	
(9) RICHARD BERG	5.00										
BOARD MEMBER		х						0	0	0	
(10)JUDY_BERG	5.00										
BOARD MEMBER		х						0	0	0	
(11) SHERRY RADOWITZ	10.00										
TREASURER		х		x				0	0	0	
(12) SANDY WOLKOFF	10.00										
PRESIDENT		х		x				0	0	0	
(13)LARRY_MERGENTIME	10.00										
VICE PRESIDENT		х		x				0	0	0	
(14)MARIANNE_BUJACICH	10.00										
FINANCIAL OFFICER				x				0	0	0	
										Form 990 (2020)	

	090 (2020) COPE Foundation,										6-5391	861	F	Page 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	bloyee	s, ar		_	est Co	omp	ensated Employe	es (contin	iued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Po: eck m ss pei	rson is	han one s both a /trustee	n	(D) Reportable compensation from the	(E) Reporta compens from rela	able ation ated	cor	(F) nated am of other mpensat	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		orga	rom the nization d organi:	and
(15)														
(16)														
(17)														
<u>(18)</u>														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal						•••	• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		•••					• •	81,875		0			0
2	Total number of individuals (including but not limit	ed to those I						d m		of	0			Ū
	reportable compensation from the organization	•											Yes	No
3	Did the organization list any former officer, direc						-							
4	employee on line 1a? If "Yes," complete Scheduk For any individual listed on line 1a, is the sum of re											3		X
-	organization and related organizations greater th													
_	individual		•••	•••	•••	•••	•••	••			• • • •	4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
Secti	on B. Independent Contractors	<i>,</i>	001104			0010					<u></u>			
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ax year.			
	(A)								(B)			(C)		
	Name and business addres	S							Description of servic	es		Compens	ation	
											+			
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ted a	above) wh	10					

Form 9	90 (20	020) COPE	Fou	ndation,	Ind	c.			46-53918	61 Page 9
Part	VIII	Statement of Rev	enu	ie						
		Check if Schedule O co	ontair	is a response	e or n	ote to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b					
Contributions, Gifts, Grants and Other Similar Amounts	c				1c					
nou	d				1d					
ifts, r Ai	е	Government grants (conti	ibuti	ons)	1e					
s, G nila	f	· · · · · · · · · · · · · · · · · · ·		-						
r Sil		and similar amounts not i	-		1f	187,649				
ibut	g	Noncash contributions inc	lude	d in						
ontr		lines 1a-1f			1g	\$				
a C	h	Total. Add lines 1a-1f					187,649			
						Business Code				
	2a									
vice	b									
Ser	С									
Program Service Revenue	d									
2 Br	е									
ž	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f .				•••••				
	3	Investment income (includ								
		other similar amounts) .					5,927			5,927
	4	Income from investment of		•	•					
	5	Royalties	•••			· · · · · ►				
		_		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses	6b							
		Rental income or (loss)	6C							
	d	Net rental income or (loss)	•							
	7a	Gross amount from		(i) Securitie	S	(ii) Other				
		sales of assets	7-							
	h	other than inventory Less: cost or other basis	7a							
		and sales expenses	76							
nu		Gain or (loss)								
eve		Net gain or (loss)				· · · · · · ►				
Other Revenue		Gross income from fundra			• • •					
Ę		events (not including \$	-							
Ũ		of contributions reported c								
		1c). See Part IV, line 18			8a	70,312				
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fundr	aising events	\$.	•••••	66,182			66,182
	9a	Gross income from gamin	g							
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .			9b					
	С	Net income or (loss) from	gami	ng activities		.				
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			10a					
	b	Less: cost of goods sold	••		10b					
	С	Net income or (loss) from	sales	of inventory	• •	▶				
						Business Code				
sn .	11a									
ano nue	b									
eve	c									
Miscellanous Revenue		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instru	iction	s			259,758	0	0	72,109

Part IX Statement of Functional Expenses

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

Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, s	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,				
	trustees, and key employees	81,875	65,500	8,188	8,18
6	Compensation not included above, to disqualified	-	-	-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	115,499	87,429	15,342	12,72
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		19,483	15,096	2,323	2,06
1	Fees for services (nonemployees):	257100	25,050	2,020	
a	Management				
b		310		310	
c		6,750		6,750	
d		0,750		0,750	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	366		366	
12			1 057	366	26
	Advertising and promotion	2,226	1,957		20
3 4		14 100	14 100		
	Information technology	14,182	14,182		
15	-	0 100	0.100		
16		8,100	8,100		
17		57	14		4
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,490	3,490		
23		5,197	4,404	793	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CAMP ERIN	2,456	2,456		
b	OFFICE AND SUPPLIES	2,668	693	1,629	34
С	TELEPHONE	2,145	1,716	214	21
d	POSTAGE	475	238		23
е	All other expenses	4,221	713	385	3,12
5	Total functional expenses. Add lines 1 through 24e	269,500	205,988	36,300	27,21
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				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	COPE Foundation, Inc.	40	6-5391	861 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	168,038	1	210,280
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	4,232	9	4,563
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 58,263			
	b	Less: accumulated depreciation 10b 26,502	35,251	10c	31,761
	11	Investments - publicly traded securities	167,131	11	166,264
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	374,652	16	412,868
	17	Accounts payable and accrued expenses	19,708	17	17,666
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	50,000
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	19,708	26	67,666
		Organizations that follow FASB ASC 958, check here 🔹 🕨 🕱			
ŝ		and complete lines 27, 28, 32, and 33.			
це	27	Net assets without donor restrictions	354,944	27	345,202
ala	28	Net assets with donor restrictions		28	
d B		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
let ,	32	Total net assets or fund balances	354,944	32	345,202
	33	Total liabilities and net assets/fund balances	374,652	33	412,868

EEA

Form **990** (2020)

Form	990 (2020) COPE Foundation, Inc. 4	6-539186	1	Pa	age 12
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		259	,758
2	Total expenses (must equal Part IX, column (A), line 25)	2		269	,500
3	Revenue less expenses. Subtract line 2 from line 1	3		(9)	,742)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		354,	,944
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		345,	,202
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	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:				
	X 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	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA			Form	990 (2020)

SCH	EDl	JLI	Е	Α
(Form	990	or	99	90-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

0-EZ)	Fublic Charity Status and Fublic Support	2020
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus	t. 2020
2010	Attach to Form 990 or Form 990-EZ.	Open to Public

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Inspection

		e organization					Employer identification	
	OPE Foundation, Inc. 46-5391861 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
	rt I						i.) See instructions	.
	orga	nization is not a private foundation bec		•	•	,		
1		A church, convention of churches, or			• •			
2		A school described in section 170(b)						
3		A hospital or a cooperative hospital s	-					
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(III). Enter the	
_		hospital's name, city, and state:	<i></i>					
5		An organization operated for the bene	•	iniversity owned or opera	ated by a g	jovernmen	tal unit described in	
_		section 170(b)(1)(A)(iv). (Complete	,					
6		A federal, state, or local government	•					
7	х	An organization that normally receive			/ernmental	unit or fror	m the general public	
_		described in section 170(b)(1)(A)(vi		,				
8		A community trust described in secti						
9		An agricultural research organization				•		je
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and stat	e of the college or	
		university:	(1) 11 00					
10		An organization that normally receives	. ,					
		receipts from activities related to its e				,		
		support from gross investment income				,	rom businesses	
		acquired by the organization after Ju				,		
11		An organization organized and opera						
12		An organization organized and operat		· ·			, , ,	
		of one or more publicly supported or						•
		Check the box in lines 12a through 12						•
	а	Type I. A supporting organization				-		ng
		the supported organization(s) the			ity of the c	lirectors or	trustees of the	
		supporting organization. You mu						
	b	Type II. A supporting organizatio	•			-	.,	
		control or management of the sup		•	rsons that (control or n	nanage the supported	
		organization(s). You must comp						
	С	Type III functionally integrated	11 0 0	•			, ,	th,
		its supported organization(s) (see		-				<i>.</i>
	d	Type III non-functionally integr		•				n(s)
		that is not functionally integrated.	• •			•	nt and an attentiveness	
		requirement (see instructions). Y	-					
	е	Check this box if the organization				sa Type I,	I ype II, Type III	
		functionally integrated, or Type III	-					
	f	Enter the number of supported organi		• • • • • • • • • • • •	••••			••••
	g	Provide the following information about		S (<i>i</i>				
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Vee	Na		
					Yes	No		
(A)								
(B)								
(C)								
(D)								

(E)

		dation, Inc		ana 170/h)/1)(A)(iv) and	46-53918	
Par							
	(Complete only if you checked th				-	•	ify under
0	Part III. If the organization fails to	o quality under	r the tests list	ted below, ple	ease complet	e Part III.)	
_	ion A. Public Support	() 00 (0	(1) 00 (7	() 00 (0	(1) 00 (0	() 0000	
	ndar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	nembership fees received. (Do not						
	nclude any "unusual grants.")	284,093	252,254	227,330	328,006	253,831	1,345,514
	Tax revenues levied for the						
	organization's benefit and either paid to						
C	or expended on its behalf						
-	The value of services or facilities						
	urnished by a governmental unit to the						
	organization without charge						
4	Fotal. Add lines 1 through 3	284,093	252,254	227,330	328,006	253,831	1,345,514
5	The portion of total contributions by						
e	each person (other than a						
Q	governmental unit or publicly						
5	supported organization) included on						
I	ine 1 that exceeds 2% of the amount						
5	shown on line 11, column (f)						20,873
6 I	Public support. Subtract line 5 from line 4						1,324,641
Sect	ion B. Total Support	· · · · ·					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 /	Amounts from line 4	284,093	252,254	227,330	328,006	253,831	1,345,514
8 (Gross income from interest, dividends,		_				
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	15,247	29,274	(5,438) 15,821	5,927	60,831
	Net income from unrelated business			(, ,	,,		
-	activities, whether or not the business						
	s regularly carried on						
	Other income. Do not include gain or						
	oss from the sale of capital assets						
	Explain in Part VI.)						
	Fotal support. Add lines 7 through 10.						1,406,345
	Gross receipts from related activities, etc. (s	e instructions)				12	1,100,515
	First five years. If the Form 990 is for the or)(3)
	organization, check this box and stop here	-			-		
	ion C. Computation of Public Suppor			••••			· · · · · F
	Public support percentage for 2020 (line 6, c			column (f))		14	94.19 %
	Public support percentage from 2020 (intel0, 0		-			15	96.02 %
	33 1/3% support test - 2020. If the organiza						
	box and stop here. The organization qualifie						
		• •					
	33 1/3% support test - 2019. If the organiza						
	his box and stop here. The organization qu						
	10%-facts-and-circumstances test - 2020.	•					
	10% or more, and if the organization meets t				-	-	
	Part VI how the organization meets the facts			-			ed
							► []
	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	n Part VI how the organization meets the fac			-	-		
	organization						· · · · · ► 🔲
	Private foundation. If the organization did n						
i	nstructions						🕨 🗌
EEA							rm 990 or 990-EZ) 2020

Sche		dation, Ind				46-5391861	. Page 3
Pa	art III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	to qualify unde	er Part II.
	If the organization fails to qualify			-			
Se	ction A. Public Support			<i>,</i> , ,		/	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees	() _0.10	(,	(0) _0.0	(,	(0) =0=0	
•	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6					(-)	
	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether						
17	or not the business is regularly carried on			+			
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga						_
_	organization, check this box and stop here	<u></u>					· · · · ► 📋
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c					15	%
	Public support percentage from 2019 Sched					16	%
Se	ction D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2020 (line	e 10c, column	(f), divided by I	ine 13, columr	n (f))	17	%
18	Investment income percentage from 2019 Se	chedule A, Pai	rt III, line 17 .			18	%
19a	33 1/3% support tests - 2020. If the organiz	ation did not o	heck the box o	on line 14, and	line 15 is more	than 33 1/3%, ai	nd line
	17 is not more than 33 1/3%, check this box	and stop here	e. The organiza	ation qualifies a	as a publicly su	pported organiza	tion ► 🗌
b	33 1/3% support tests - 2019. If the organiz	-	-	-		-	
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n						

Schedule A (Form 990 or 990-EZ) 2020 COPE Foundation, Inc. 46-5391861 Page 4 Part IV **Supporting Organizations** (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 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). 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. 3a **b** Did the organization confirm that each supported organization gualified 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. 3b 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. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. 4b 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. 4c 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). 5a **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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in 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. 9c **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 10b below. 10a 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.) 10b EEA Schedule A (Form 990 or 990-EZ) 2020

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Par	t IV Supporting Organizations (continued)		N.	
44	Lies the experimetion eccentral a rift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	and		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b a			
	11c below, the governing body of a supported organization?	11a 11b	-	
	A family member of a person described in line 11a above?)	
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, providentilian Port VI			
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type Toupporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	or 🗌	103	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,13,		
		orted		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support of an and/or remove officers, describe how the powers to appoint and/or remove officers, directors, or tructors, were allocated among			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in I	Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how conti			
	or management of the supporting organization was vested in the same persons that controlled or manag	ed		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ie		
	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 provi	ided? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	rted		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part			
	the organization maintained a close and continuous working relationship with the supported organization	(s)		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations h		-	
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the y	ear (see instru	tions).
a.	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		, and the second	<i>.</i>
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization is the particle each of its supported organizations. Complete ine o below.	oont ontitu (soo i	notruc	tions
_		ient entity (see i		No
2	Activities Test. Answer lines 2a and 2b below.	a at	Tes	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose			
	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 purpos			
	how the organization was responsive to those supported organizations, and how the organization determ			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvem			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explanation	ain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged	1 in		
	these activities but for the organization's involvement.	2b		
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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities			
	of its comparison of the second s			

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

hedule A (Form 990 or 990-EZ) 2020 COPE Foundation, Inc.		46-539	9 1861 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 🗌 Check here if the organization satisfied the Integral Part Test as a qualifying			-
instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	[,] integra	ted Type III supporting	g organization
(see instructions).	-		-

Schedule A (Form 990 or 990-EZ) 2020

	tle A (Form 990 or 990-EZ) 2020 COPE Foundation, Inc.				L861 Page 7	
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the	organization is response	ivo	7		
8	(provide details in Part VI). See instructions.	e organization is respons	ave	8		
9	Distributable amount for 2020 from Section C, line 6			9		
	Line 8 amount divided by line 9 amount			10		
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020		(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6		116-2020		Amount for 2020	
	Underdistributions, if any, for years prior to 2020					
_	(reasonable cause required - <i>explain in Part VI</i>). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
	From 2019					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
<u> </u>	Carryover from 2015 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from					
4	Section D, line 7: \$					
	Applied to underdistributions of prior years			-		
	Applied to 2020 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
	Remaining underdistributions for years prior to 2020, if					
-	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, <i>explain in Part VI</i> . See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
EEA				Sched	lule A (Form 990 or 990-EZ) 2020	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEI	DULE D
(Form	990)

SCI	HEDULE D	Supplemen	tal Financial Statements		OMB No. 1545-0047
(Form 990) Complete if the orga			janization answered "Yes" on Form 990,		2020
		Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2020	
Department of the Treasury Attach to Form 990.					Open to Public
	al Revenue Service	► Go to www.irs.gov/Form9	90 for instructions and the latest informat	ion.	Inspection
Name	of the organization			Employer ide	entification number
	E Foundation,				391861
Pa		-	nds or Other Similar Funds or Accou	ints.	
	Complete	if the organization answered "Yes" on			
		d of your	(a) Donor advised funds	(1	b) Funds and other accounts
1		d of year			
2		f contributions to (during year)			
3 4		f grants from (during year)			
4 5					
5	-	nization's property, subject to the organizatio	-		Yes 🗌 No
6	•		isors in writing that grant funds can be used		
Ū	-	purposes and not for the benefit of the donor			
			· · · · · · · · · · · · · · · · · · ·		Yes 🗌 No
Pa		vation Easements.			
		e if the organization answered "Yes" or	n Form 990. Part IV. line 7.		
1		ervation easements held by the organization			
		f land for public use (e.g., recreation or edu		a historical	ly important land area
	Protection of n	atural habitat	Preservation of	a certified	historic structure
	Preservation o	f open space			
2	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contribution in the form of a cor	servation	
	easement on the la	ist day of the tax year.			Held at the End of the Tax Yea
а	Total number of co	nservation easements		. 2a	
b	Total acreage restr	ricted by conservation easements		. 2b	
с	Number of conserv	vation easements on a certified historic struc	ture included in (a)	. 2c	
d	Number of conserv	vation easements included in (c) acquired af	ter 7/25/06, and not on a		
	historic structure lis	ted in the National Register		. 2d	
3	Number of conserv	vation easements modified, transferred, relea	ased, extinguished, or terminated by the orga	nization du	Iring the
	tax year ►				
4	Number of states v	where property subject to conservation ease	ment is located		
5	Does the organizat	ion have a written policy regarding the perio	dic monitoring, inspection, handling of		
		preement of the conservation easements it h			
6	Staff and volunteer	hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservation	n easemer	nts during the year
_	►				Lode a the co
7		es incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation ea	isements d	luring the year
	► \$		action the requirements of a sting 470/11/4		
8			e satisfy the requirements of section 170(h)(4)		
•	and section 170(h)				Yes No
9			n easements in its revenue and expense state to the organization's financial statements that		e the
		ounting for conservation easements.			
Pa			of Art, Historical Treasures, or Ot	her Sim	ilar Assets
. u		te if the organization answered "Yes" of			
1a	· · · · · · · · · · · · · · · · · · ·		, not to report in its revenue statement and ba	lance shee	et works
	-		c exhibition, education, or research in furthera		
		Part XIII the text of the footnote to its finance			
b			, to report in its revenue statement and baland	e sheet wa	orks of
	•	•	xhibition, education, or research in furtheranc		

	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	•	\$
	(ii) Assets included in Form 990, Part X	•	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the		
	following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	•	\$
b	Assets included in Form 990, Part X	•	\$

Sched	lule D (Form 990) 2020 COPE Foundation						46-5391		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures, c	or Ot	her Similar As	sets (co	ntinued)
3	Using the organization's acquisition, accession	n, and other records,	check any c	of the follo	owing that make	e signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d] Loan o	or exchange pro	ogram	S		
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they fur	ther the c	organization's e	xempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or	receive donations of	art, historica	l treasur	es, or other sim	ilar			
	assets to be sold to raise funds rather than to	be maintained as pa	art of the org	anization	's collection?			Yes	No
Pa	rt IV Escrow and Custodial Arra	ngements.							
	Complete if the organization a	answered "Yes"	on Form	990, Pa	art IV, line 9,	or re	ported an amo	unt on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contrib	utions or	other assets no	ot			
	included on Form 990, Part X?							. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:						
							Amo	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line 2	21, for escrov	v or cust	odial account lia	ability?	• • • • • • • • • •	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has	s been pr	ovided on Part	XIII .			
Pa	rt V Endowment Funds.								
	Complete if the organization a	answered "Yes"	on Form	990, Pa	art IV, line 10).			
		(a) Current year	(b) Prior	year	(c) Two years ba	ack	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, colu	ımn (a)) l	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	6							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c shoul								
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are	held and	administered fo	or the		Г	
	organization by:								Yes No
	0							3a(i)	
	() 0							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza					• • •	•••••	3b	
4	Describe in Part XIII the intended uses of the	-	wment funds						
ra	rt VI Land, Buildings, and Equip		on Form (- - -	ort IV/ line da			ort V II	0.10
	Complete if the organization a								
	Description of property	(a) Cost or oth (investme		.,	r other basis other)	• •	Accumulated	(d) Book	value
4.0	Lond	(investm		((de			
1a ⊾		••							
b	Buildings	••							
с С	Leasehold improvements	••							
d					E9 262		26 502		21 7 61
e Tota	Other	I	rt X oolumn	(B) line	58,263		26,502		<u>31,761</u>
ota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	п д, column	(D), IINE	100		•••••		31,761

Part VII

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line	25.). ►

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.

Sched	ule D (Form 990) 2020 COPE Foundation, Inc.	46-	5391861	. Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	1	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements W		er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements	· · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· · · · · · · · L	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5	
Pa	rt XIII Supplemental Information.			

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

CHEDULE G	Supplemen	tal Informati	on Regard	ding Fund	Iraising or Gam	ing Act	ivities _	OMB No. 1545-0047	
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							if the	2020 Open to Public	
ernal Revenue Service me of the organization	► G	So to www.irs.gov/	Form990 for in	nstructions a	nd the latest informati	on.	Employer ide	Inspection Intification number	
-	The								
Per Foundation, Part I Fundraisi		Complete if	the organi-	zation and	wered "Yes" on	Form QC		91861 line 17	
	-	required to cor	-		wered res on	0111 32	, i ait iv	, inte 17.	
I Indicate whether the	organization rais	ed funds through	any of the fol	lowing activit	ies. Check all that ap	ply.			
a 🗌 Mail solicitations			e 🗌 :	Solicitation of	f non-government gra	ants			
b Internet and emai	l solicitations		f 🗌 🗄	Solicitation of	f government grants				
c D Phone solicitation	IS		g 🗌 :	Special fund	aising events				
d 🗌 In-person solicitat	ions								
2a Did the organization	have a written or	oral agreement v	vith any indivi	dual (includir	ng officers, directors,	trustees,			
or key employees lis	ted in Form 990,	Part VII) or entity	in connectior	n with profess	sional fundraising ser	vices?	□ Y	es 🗌 No	
b If "Yes," list the 10 hi	ghest paid individ	luals or entities (f	undraisers) p	ursuant to ag	reements under whic	ch the fund	draiser is to b	е	
compensated at leas	st \$5,000 by the o	organization.							
		[1	
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to	
or entity (fundra		(ii) Activity		or control of outions?	from activity	· ·	ser listed in	(or retained by) organization	
			-	1		С	ol. (i)	organization	
			Yes	No					
otal				•					
3 List all states in which		· · · · · · · · · · · ·	consod to sol		ons or has been noti	fied it is o	compt from		
	-	na regisiereu of ll	UCHISCU 10 SOI		UNB UI HAB DEEH HUU		vembr nom		
registration or licensin	ıy.								

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

		gross receipts greater than	\$5,000.							
			(a) Event #1 GOLF	(b) Event #2 WALK	(c) Other events 7	(d) Total events (add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	15,550	14,539	40,223	70,312				
	2	Less: Contributions								
	3	Gross income (line 1 minus	16 550	14 520	40, 222	70 210				
		line 2)	15,550	14,539	40,223	70,312				
	4	Cash prizes								
	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses		264	3,866	4,130				
	10	Direct expense summary. Add lines				4,130				
_	11	Net income summary. Subtract line				66,182				
Ра	rt II	Gaming. Complete if the c \$15,000 on Form 990-EZ,	•	'Yes" on Form 990, Part	IV, line 19, or reported r	nore than				
		\$15,000 OII FOIIII 990-EZ,		(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Reve	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	☐ Yes % ☐ No	│	□ Yes% □ No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)						
	_									
9		ter the state(s) in which the organization licensed to conduct g				Yes 🗌 No				
a b		Nie II euroleine	gaining activities in each of							
		· · ·								
		ere any of the organization's gaming Yes," explain:	licenses revoked, suspend	ed, or terminated during the	tax year?	Yes 🗌 No				
i.	· II									

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 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

Name of the organization COPE Foundation, Inc.

46-5391861

01. Officer, directors, etc. family relationship (Part VI, line 2)

Richard and Judy Berg are married. Billy Slovin is the the son-in-law of a board member.

02. Form 990 governing body review (Part VI, line 11)

The governing board reviews the Form 990 and approves it before filing.

03. Conflict of interest policy compliance (Part VI, line 12c)

Annual survey is completed.

04. Form 990 availability to public (Part VI, line 18)

Available on Guidestar and COPE Foundation's website.

05. Governing documents, etc, available to public (Part VI, line 19)

Upon request.

Form	4562
------	------

Depreciation and Amortization

(Including Information on Listed Property)

Depart	ment of the Treasury			 Attach to 						Attachment
•	I Revenue Service (99)	► G	io to <i>www.irs.go</i>	ov/Form4562 f	or instrue	ctions and t	he latest infor	mation.		Sequence No. 179
Name(s) shown on return				Business or	r activity to which	this form relates		Identi	fying number
COPE	E Foundation,	Inc.			FORM	1 990 - 1	_		46-	-5391861
Par	rt I Election	To Expens	e Certain Pro	operty Unde	er Secti	ion 179				
		•	listed property,	• •			plete Part I.			
1	Maximum amount								1	
2	Total cost of sectio	,	·						2	
3	Threshold cost of s								3	
4	Reduction in limitat		•		•				4	
5	Dollar limitation for			-					-	
Ŭ	separately, see ins						0		5	
6		(a) Description of pr		<u></u>		business use only		Elected cost	J	
-		(a) Description of pr	lopeny				y) (C)	Elected Cost		-
										-
	Liste dia non ontro. En									-
7	Listed property. En								-	-
8	Total elected cost	•							8	
9	Tentative deductio								9	
10	Carryover of disalle		,						10	
11	Business income li								11	
12	Section 179 expen						• • • • • • •		12	
13	Carryover of disalle					•	13			
	: Don't use Part II o									
Par			n Allowance					listed proper	ty. Se	e instructions.)
14	Special depreciation	n allowance for	qualified property	(other than list	ed proper	ty) placed in	service			
	during the tax year.	See instructions	s						14	
15	Property subject to	section 168(f)(1	1) election						15	
16	Other depreciation	(including ACRS	S)						16	
Par	rt III MACRS	S Depreciati	on (Don't inc	lude listed pr	operty. S	See instruct	ions.)			
				Se	ection A					
17	MACRS deduction	s for assets plac	ed in service in ta	ax years beginr	ning befor	e 2020			17	3,49
18	If you are electing	to group any ass	sets placed in ser	vice during the	tax year	into one or m	ore general			
	asset accounts, ch	eck here						►		
	Section		Placed in Servi						ion S	ystem
			(b) Month and year	(c) Basis for de		(d) Recovery	Ī	•		-
	(a) Classification of p	roperty	placed in service	(business/invest only-see instru		period	(e) Convention	(f) Method	(g)	Depreciation deduction
19a	3-year property									
b	5-year property									
c	7-year property									
	10-year property									
	15-year property									
f	20-year property									
						25 yrs		S/L		
b	25-year property Residential rental					25 yrs.	N 4 N 4			
h						27.5 yrs.	MM	S/L	1	
	property					27.5 yrs.	MM	S/L	1	
i	Nonresidential real					39 yrs.	MM	S/L		
	property			L		· · ·	MM	S/L	-	
		- Assets Pla	ced in Service	During 2020	J Tax Ye	ear Using t	he Alternativ	-	tion S	System
20a	Class life							S/L	1	
	12-year					12 yrs.		S/L	1	
C	30-year					30 yrs.	MM	S/L		
	40-year					40 yrs.	MM	S/L		
Par	rt IV Summa	ary (See instr	ructions.)							
21	Listed property. Er	nter amount from	n line 28						21	
22	Total. Add amount	ts from line 12, I	lines 14 through ?	17, lines 19 and	d 20 in co	olumn (g), an	d line 21. Ente	r		
	here and on the ap		-						22	3,490
23	For assets shown a		-							

23

OMB No. 1545-0172

2020

	FOR YOUR RECOR Federal Supporting		2020	PG01
Name(s) as shown on return			Tax ID Number	
COPE Foundation, Inc	•		46	-5391861
Description	90 - Schedule D - Investments - Cost/basis		E TE Stat	ement #D1e Book
of Investment	(Investment)	(Other)	Depr	Value
Furniture	0	3,440	3,095	345
Labrynth Memorial	0	54,823	23,407	31,416
Total	0	58,263	26,502	31,761

Immet(s) as shown on return FEIN GOPE Foundation, Inc. Other Expenses - Program Amount Other Expenses - Mgmt & General Other Expenses - Mgmt & General Other Expenses - Mgmt & General Other Description Amount Other Expenses - Mgmt & General Amount Payroll PROCESSING \$ 11 Payroll PROCESSING \$ 11 Payroll PROCESSING \$ 12 Care of the expenses - Total: \$ 38 Other Expenses - Fundraising Other Expenses - Fundraising	990	Overflow Statement		2020 Page 1
Other Expenses-Program Amount PAYROLL PROCESSING 71 Total: \$ 71 Other Expenses - Mgmt & General Other Expenses - Mgmt & General Description Amount PAYROLL PROCESSING \$ 11 BANK AND CREDIT CARD PROCESSING FEES 15 Cher Expenses - Fundraising 12 Other Expenses - Fundraising Amount Other Expenses - Fundraising Amount Payroll PROCESSING \$ 9 Cher Expenses - Fundraising	Name(s) as shown on return			FEIN
Description Amount PAYROLL PROCESSING \$ 71 Other Expenses - Mgmt & General Description Amount PAYROLL PROCESSING \$ 11 Description Amount \$ PAYROLL PROCESSING \$ 11 PAYROLL PROCESSING \$ 11 PAYROLL PROCESSING \$ 12 Total: \$ 38 Other Expenses - Fundraising Other Expenses - Fundraising Description PAYROLL PROCESSING \$ PAYROLL PROCESSING	COPE Foundation,	Inc.		46-5391861
Description Amount PAYROLL PROCESSING \$ 71 Other Expenses - Mgmt & General Description Amount PAYROLL PROCESSING \$ 11 Description Amount \$ PAYROLL PROCESSING \$ 11 PAYROLL PROCESSING \$ 11 PAYROLL PROCESSING \$ 12 Total: \$ 38 Other Expenses - Fundraising Other Expenses - Fundraising Description PAYROLL PROCESSING \$ PAYROLL PROCESSING		Other Expenses-Pr	ogram	
PAYROLL PROCESSING \$ 71 Total: \$ 71 Total: \$ 71 Other Expenses - Mgmt & General Amount Other Expenses - Mgmt & General Description Amount Sank AND CREDIT CARD PROCESSING FEES Total: \$ 11 Description Other Expenses - Fundraising Other Expenses - Fundraising Other Expenses - Fundraising Other Expenses - Sandard Sanda	Degaription	_	-	Amount
Total: \$71 Other Expenses - Mgmt & General Description Amount PAYROLL PROCESSING \$ 11 DANK AND CREDIT CARD PROCESSING FEES 15 15 TAXES 12 12 Other Expenses - Fundraising Amount Description Amount PAYROLL PROCESSING \$ 9 Cher Expenses - Fundraising \$ 9 PAYROLL PROCESSING \$ 9 CREDIT CARD FEES 3,02 3,02				<u>Allounc</u>
Description Amount PAYROLL PROCESSING \$ 11 BANK AND CREDIT CARD PROCESSING FEES 15 15 CAXES 12 12 Total: \$ 38 Other Expenses - Fundraising Description PAYROLL PROCESSING \$ 9 CREDIT CARD FEES 3,02			Total:	\$71
PAYROLL PROCESSING \$ 11 BANK AND CREDIT CARD PROCESSING FEES 15 TAXES 12 Total: \$ 38 Other Expenses - Fundraising Other Expenses - Fundraising Amount PAYROLL PROCESSING \$ 9 CREDIT CARD FEES 3,02		Other Expenses - Mgmt	& General	
PAYROLL PROCESSING \$ 11 BANK AND CREDIT CARD PROCESSING FEES 15 TAXES 12 Total: \$ 38 Other Expenses - Fundraising Other Expenses - Fundraising Amount PAYROLL PROCESSING \$ 9 CREDIT CARD FEES 3,02	Description			Amount
BANK AND CREDIT CARD PROCESSING FEES 15 TAXES 12 Total: \$12 Other Expenses - Fundraising Other Expenses - Fundraising Amount PAYROLL PROCESSING \$ 9 CREDIT CARD FEES 3,02		1G		
Total: \$38 Other Expenses - Fundraising Description Amount PAYROLL PROCESSING \$ 9 CREDIT CARD FEES 3,02				15
Other Expenses - Fundraising Description Amount PAYROLL PROCESSING \$ 9 CREDIT CARD FEES 3,02	TAXES			
DescriptionAmountPAYROLL PROCESSING\$CREDIT CARD FEES3,02			Total:	\$38
PAYROLL PROCESSING\$9CREDIT CARD FEES3,02		Other Expenses - Fun	draising	
CREDIT CARD FEES 3,02	Description			Amount
	PAYROLL PROCESSI	1G		\$ 9
TOTA1: \$3,12	CREDIT CARD FEES		m ⊥ _ ٦	
			Total:	\$3,12