

Return of Organization Exempt From Income Tax

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF THE LAKESHORE</b>		<b>D</b> Employer identification number <b>38-1426895</b>
	Doing business as		<b>E</b> Telephone number <b>231-722-3134</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>PO BOX 207</b>		<b>G</b> Gross receipts \$ <b>3,511,407.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MUSKEGON, MI 49443-0207</b>		
<b>F</b> Name and address of principal officer: <b>CHRISTINE J. ROBERE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.UNITEDWAYLAKESHORE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1918** **M** State of legal domicile: **MI**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITING TO INSPIRE CHANGE AND BUILD THRIVING COMMUNITIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2498</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,575,074.</b>	<b>3,286,273.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>126,775.</b>	<b>33,180.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>124,250.</b>	<b>133,421.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,826,099.</b>	<b>3,452,874.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,692,496.</b>	<b>2,227,417.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>608,423.</b>	<b>776,469.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>403,706.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>562,550.</b>	<b>546,646.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,863,469.</b>	<b>3,550,532.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-37,370.</b>	<b>-97,658.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>3,996,514.</b>	<b>End of Year</b> <b>3,704,368.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>232,177.</b>	<b>265,027.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,764,337.</b>	<b>3,439,341.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>CHRISTINE J. ROBERE, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY E. HERT, CPA</b>	Preparer's signature <b>JEFFREY E. HERT, CPA</b>	Date <b>11/14/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00066715</b>
	Firm's name <b>REHMANN ROBSON LLC</b>	Firm's EIN <b>38-3567911</b>	Phone no. <b>231-739-9441</b>		
Firm's address <b>570 SEMINOLE RD, STE 200 MUSKEGON, MI 49444</b>					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO INSPIRE CHANGE AND BUILD THRIVING COMMUNITIES. OUR VISION FOR MUSKEGON, OCEANA AND NEWAYGO COUNTIES IN THE NEXT TEN YEARS IS BOLD, THAT THE PEOPLE OF OUR REGION HAVE THE EDUCATIONAL AND ECONOMIC OPPORTUNITIES NEEDED TO SUCCEED AND THRIVE AS MEASURED BY

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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,520,065. including grants of \$ 2,227,417. ) (Revenue \$ ) AGENCY RELATIONS, CAPACITY BUILDING AND INVESTMENTS - CONVENING AND ENGAGING THE COMMUNITY TO ASSESS THE NEEDS, BUILDING CAPACITY TO DELIVER HUMAN CARE SOLUTIONS, PROGRAM EVALUATION AND INVESTING DONOR DOLLARS IN LOCAL HUMAN SERVICES THAT MAXIMIZE THEIR USE ON PRIORITY NEEDS. COMMUNITY IMPACT AND PLANNING - INCLUDES TIME SPENT IN MEETINGS TO DISCUSS COMMUNITY PROBLEMS, SOLUTIONS, FUNDING OPPORTUNITIES, COLLABORATION WITH OTHER AGENCIES AND ORGANIZATIONS, NEEDS ASSESSMENT, DATA COLLECTION, AND IN GENERAL, WORK THAT IS DONE TO ADVANCE THE GENERAL COMMON GOOD.

4b (Code: ) (Expenses \$ 205,419. including grants of \$ ) (Revenue \$ ) PROMOTING VOLUNTEERISM - INCLUDES DAY OF CARING, VOLUNTEER SERVICE, RECRUITING COMMUNITY VOLUNTEERS FOR EVENTS, COMMITTEES, PLANNING AND INVESTMENT, LABOR RELATIONS, WOMEN'S LEADERSHIP NETWORK, YOUNG LEADERS, YOUTH AS LEADERS, MINORITY AFFAIRS, AND DIVERSITY INITIATIVE.

4c (Code: ) (Expenses \$ 103,920. including grants of \$ ) (Revenue \$ ) HUMAN SERVICE CENTER - OPERATION OF SHARED FACILITY THAT FOSTERS IMPROVED COLLABORATION AND EFFICIENCY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,829,404.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 30; 1b Enter the number of voting members included on line 1a... 30; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
UNITED WAY OF THE LAKESHORE - (231) 722-3134
31 E. CLAY AVENUE, MUSKEGON, MI 49442

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE ROBERE PRESIDENT	50.00			X				114,170.	0.	9,675.
(2) BRAD HILLEARY DIRECTOR	1.00	X						0.	0.	0.
(3) BRENDA K. JACOBS DIRECTOR	1.00	X						0.	0.	0.
(4) CHRIS WREN DIRECTOR	1.00	X						0.	0.	0.
(5) DJ HILSON DIRECTOR	1.00	X						0.	0.	0.
(6) ERIN KUHN DIRECTOR	1.00	X						0.	0.	0.
(7) GARY NELUND DIRECTOR	1.00	X						0.	0.	0.
(8) JILLIAN MELOCHE DIRECTOR	1.00	X						0.	0.	0.
(9) JIM STEFFEL DIRECTOR	1.00	X						0.	0.	0.
(10) JOHN SCHAUB DIRECTOR	1.00	X						0.	0.	0.
(11) JONATHAN WILSON DIRECTOR	1.00	X						0.	0.	0.
(12) KATHY MOORE CHAIRPERSON	1.00	X		X				0.	0.	0.
(13) KAY WILLIAMS DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(14) KIM SUAREZ DIRECTOR	1.00	X						0.	0.	0.
(15) LORI LITTLE DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(16) PAT SHAFER DIRECTOR	1.00	X						0.	0.	0.
(17) POPPY HERNANDEZ DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICH HOUTTEMAN DIRECTOR	1.00	X						0.	0.	0.
(19) RYAN BENNETT SECRETARY	1.00	X		X				0.	0.	0.
(20) SHAWN BUCKNER DIRECTOR	1.00	X						0.	0.	0.
(21) STACY MELLEMA TREASURER	1.00	X		X				0.	0.	0.
(22) STEVE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(23) TAMICA SAIN DIRECTOR	1.00	X						0.	0.	0.
(24) KRIS COLLEE DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(25) JOCELYN HINES DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(26) SHAWNTAIN JENKINS DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								114,170.	0.	9,675.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								114,170.	0.	9,675.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JASON OLTHOFF DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(28) JACK RUSSELL DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(29) PAUL WATSON DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(30) MATTHEW WERKSMA DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(31) WALTER CHRISTOPHERSEN SECRETARY - PARTIAL YEAR	1.00	X						0.	0.	0.
(32) MARTHA GABRIELSE DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(33) ERIK GENTZKOW DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(34) STACEY GOMEZ DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(35) MIKE REYNOLDS DIRECTOR	1.00	X						0.	0.	0.
(36) LISA SABOURIN DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(37) TOM SCHULTZ DIRECTOR - PARTIAL YEAR	1.00	X						0.	0.	0.
(38) JOHN SEVERSON PAST BOARD CHAIR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 162,483.				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b> 11,340.				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 3,112,450.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		3,286,273.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		29,194.		29,194.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	79,541.			
			(ii) Personal				
			<b>6a</b>	79,541.			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	0.			
	<b>c</b>	Rental income or (loss)	<b>6c</b>	79,541.			
	<b>d</b>	Net rental income or (loss) .....		79,541.		79,541.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	13,746.			
			(ii) Other				
			<b>7a</b>	13,746.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	9,760.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	3,986.			
	<b>d</b>	Net gain or (loss) .....		3,986.		3,986.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 11,340. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	100,493.				
		<b>8b</b>	48,773.				
<b>c</b>	Net income or (loss) from fundraising events .....		51,720.		51,720.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
		<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
		<b>10b</b>					
		<b>10c</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	<b>MISCELLANEOUS</b>	<b>Business Code</b> 900099	2,160.	2,160.		
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		2,160.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		3,452,874.	2,160.	0.	164,441.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,227,417.	2,227,417.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	123,847.	61,948.	32,832.	29,067.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	504,395.	268,547.	25,015.	210,833.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	23,146.	8,416.	9,807.	4,923.
<b>9</b> Other employee benefits .....	76,982.	30,968.	28,751.	17,263.
<b>10</b> Payroll taxes .....	48,099.	24,444.	4,669.	18,986.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	14,300.		14,300.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	11,268.		11,268.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	100,487.	6,733.	92,329.	1,425.
<b>12</b> Advertising and promotion .....	32,888.	508.	10,000.	22,380.
<b>13</b> Office expenses .....	45,004.	11,530.	25,524.	7,950.
<b>14</b> Information technology .....	39,838.	10,128.	22,558.	7,152.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	12,000.	3,960.	4,800.	3,240.
<b>17</b> Travel .....	8,364.	4,729.	115.	3,520.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	42,116.	37,535.	4,581.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	36,259.	14,866.	14,141.	7,252.
<b>22</b> Depreciation, depletion, and amortization .....	31,277.	31,277.		
<b>23</b> Insurance .....	10,602.	7,739.	1,350.	1,513.
<b>24</b> 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.)				
<b>a</b> <b>BUILDING AND EQUIPMENT</b> .....	72,100.	68,557.	1,719.	1,824.
<b>b</b> <b>FUNDRAISING EVENTS &amp; ME</b> .....	45,451.			45,451.
<b>c</b> <b>CAMPAIGN SUPPLIES</b> .....	18,478.			18,478.
<b>d</b> <b>MEMBERSHIP DUES &amp; SUBSC</b> .....	9,497.	1,157.	8,330.	10.
<b>e</b> All other expenses .....	16,717.	8,945.	5,333.	2,439.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	3,550,532.	2,829,404.	317,422.	403,706.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,264,732.	<b>1</b>	683,138.
	<b>2</b> Savings and temporary cash investments .....	116,684.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net .....	761,258.	<b>3</b>	965,314.
	<b>4</b> Accounts receivable, net .....	12,430.	<b>4</b>	9,907.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	7,622.	<b>9</b>	7,704.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,760,958.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 952,163.	837,594.	<b>10c</b> 808,795.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	412,214.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	996,194.	<b>15</b>	817,296.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,996,514.	<b>16</b>	3,704,368.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	65,213.	<b>17</b>	39,288.
	<b>18</b> Grants payable .....	166,964.	<b>18</b>	225,739.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	232,177.	<b>26</b>	265,027.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,875,658.	<b>27</b>	2,340,334.
	<b>28</b> Net assets with donor restrictions .....	888,679.	<b>28</b>	1,099,007.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,764,337.	<b>32</b>	3,439,341.
	<b>33</b> Total liabilities and net assets/fund balances .....	3,996,514.	<b>33</b>	3,704,368.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,452,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,550,532.
3	Revenue less expenses. Subtract line 2 from line 1	3	-97,658.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,764,337.
5	Net unrealized gains (losses) on investments	5	-227,338.
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	3,439,341.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

<b>Name of the organization</b> <b>UNITED WAY OF THE LAKESHORE</b>	<b>Employer identification number</b> <b>38-1426895</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2675630.	2567223.	2812539.	2575074.	3286273.	13916739.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2675630.	2567223.	2812539.	2575074.	3286273.	13916739.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						436,219.
<b>6 Public support.</b> Subtract line 5 from line 4.						13480520.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	2675630.	2567223.	2812539.	2575074.	3286273.	13916739.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	79,890.	90,344.	217,681.	212,010.	108,735.	708,660.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	15,252.	22,226.	17,372.	9,620.	2,160.	66,630.
<b>11 Total support.</b> Add lines 7 through 10						14692029.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	91.75 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	90.14 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2022



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED WAY OF THE LAKESHORE Employer identification number 38-1426895

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,864,423.	1,659,600.	1,516,947.	906,404.	1,010,974.
b Contributions	675.	1,800.	2,315.	427,866.	1,299.
c Net investment earnings, gains, and losses	-297,791.	242,330.	191,775.	268,378.	-64,550.
d Grants or scholarships	30,462.	30,150.	37,892.	75,500.	33,310.
e Other expenditures for facilities and programs	4,386.				3,076.
f Administrative expenses	15,444.	9,157.	13,545.	10,201.	4,933.
g End of year balance	1,517,015.	1,864,423.	1,659,600.	1,516,947.	906,404.

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		153,833.		153,833.
b Buildings		1,171,238.	554,495.	616,743.
c Leasehold improvements				
d Equipment		435,887.	397,668.	38,219.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				808,795.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (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) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	817,296.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	817,296.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (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 ...



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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,806,725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-227,338.	
b	Donated services and use of facilities	2b	10,600.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	48,016.	
e	Add lines 2a through 2d	2e		-168,722.
3	Subtract line 2e from line 1	3		2,975,447.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,268.	
b	Other (Describe in Part XIII.)	4b	466,159.	
c	Add lines 4a and 4b	4c		477,427.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,452,874.

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

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

1	Total expenses and losses per audited financial statements		1	3,131,721.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	10,600.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	48,773.	
e	Add lines 2a through 2d	2e		59,373.
3	Subtract line 2e from line 1	3		3,072,348.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,268.	
b	Other (Describe in Part XIII.)	4b	466,916.	
c	Add lines 4a and 4b	4c		478,184.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,550,532.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM SIMILAR STATE AND LOCAL TAXES. ALTHOUGH THE ORGANIZATION WAS GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE INCOME." SUCH INCOME, PURSUANT TO THE INTERNAL REVENUE CODE AND RELATED REGULATIONS, INCLUDES INVESTMENT INCOME SUCH AS INTEREST RECEIVED FROM SOURCES OTHER THAN DIRECTLY FROM THE MEMBERSHIP. THE ORGANIZATION HAS BEEN CLASSIFIED AS NOT A PRIVATE FOUNDATION.

THE ORGANIZATION ANALYZES ITS INCOME TAX FILING POSITIONS IN THE FEDERAL

**Part XIII** Supplemental Information (continued)

AND STATE JURISDICTIONS WHERE IT IS REQUIRED TO FILE INCOME TAX RETURNS,  
AS WELL AS ALL OPEN TAX YEARS IN THESE JURISDICTIONS, TO IDENTIFY  
POTENTIAL UNCERTAIN TAX POSITIONS.

THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR 2019  
THROUGH 2022, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS OF DECEMBER  
31, 2022. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT  
UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S  
FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF  
UNRECOGNIZED TAX BENEFITS ("UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR  
CREDITS CLAIMED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE  
NEXT TWELVE MONTHS. THE ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR  
INTEREST AND PENALTIES RELATED TO UTBS AT DECEMBER 31, 2022 OR 2021, AND  
IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX  
AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED AGAINST REVENUE ON PART	
VIII	48,773.
GRANT AWARD NETTED WITH INVESTMENT INCOME	-757.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	48,016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED CONTRIBUTIONS - FAS 116	466,159.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES	48,773.
-----------------------------	---------

**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED CONTRIBUTIONS - FAS 116 466,159.

GRANT AWARD NETTED WITH INVESTMENT INCOME 757.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 466,916.

Multiple horizontal lines for supplemental information.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

UNITED WAY OF THE LAKESHORE

Employer identification number

38-1426895

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF UNITED (event type)	RIDE UNITED & SPECIAL EV (event type)	3 (total number)	
Revenue	1	34,078.	12,687.	42,918.	89,683.
	2		11,340.		11,340.
	3	34,078.	1,347.	42,918.	78,343.
Direct Expenses	4				
	5			2,984.	2,984.
	6			1,920.	1,920.
	7	3,178.	611.	10,717.	14,506.
	8	300.			300.
	9	7,182.	2,533.	19,348.	29,063.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				29,570.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	2					
Direct Expenses	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF THE LAKESHORE** Employer identification number **38-1426895**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACSET - MICHIGAN WORKS 1550 LEONARD STREET NE GRAND RAPIDS, MI 49505	38-2631431	501(C)(3)	115,000.	0.			SUMMER YOUTH PROGRAM
AGEWELL SERVICES 275 WEST CLAY AVE, STE 100 MUSKEGON, MI 49440	38-2033822	501(C)(3)	22,498.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 313 W. WEBSTER AVE. MUSKEGON, MI 49440	53-0196605	501(C)(3)	19,998.	0.			GENERAL SUPPORT
ARBOR CIRCLE 1115 BALL AVENUE NE GRAND RAPIDS, MI 49505	38-3263853	501(C)(3)	12,872.	0.			GENERAL SUPPORT
ASSOCIATION FOR THE BLIND 456 CHERRY ST. SE GRAND RAPIDS, MI 49503	38-1387122	501(C)(3)	2,106.	0.			GENERAL SUPPORT
BIG BROTHERS/BIG SISTERS OF THE LAKESHORE - PO BOX 1018 - MUSKEGON, MI 49443	61-1736056	501(C)(3)	58,500.	0.			GENERAL SUPPORT

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

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

Schedule I (Form 990) 2022



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK WALL STREET MICHIGAN PO BOX 344 MUSKEGON, MI 49443	87-2969383	501(C)(3)	6,500.	0.			COVID GRANT
BOY SCOUTS OF AMERICAN/GERALD R. FORD COUNCIL - 3213 WALKER AVE. NW - GRAND RAPIDS, MI 49544	38-1359240	501(C)(3)	14,508.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB P.O BOX 1312 MUSKEGON, MI 49443	61-1736056	501(C)(3)	24,996.	0.			GENERAL SUPPORT
CALL 211 PO BOX 1101 MUSKEGON, MI 49443	38-3171086	501(C)(3)	65,438.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES 1095 THIRD STREET SUITE 10 MUSKEGON, MI 49441	38-2596252	501(C)(3)	67,872.	0.			GENERAL SUPPORT
CHILD ABUSE COUNCIL 1781 PECK STREET, SUITE 1 MUSKEGON, MI 49441	38-2195091	501(C)(3)	56,944.	0.			GENERAL SUPPORT
COMMUNITY ENCOMPASS 1105 TERRACE ST MUSKEGON, MI 49442	38-3279226	501(C)(3)	7,000.	0.			COVID-19 GRANT
COMMUNITY ENCOMPASS 1105 TERRACE ST MUSKEGON, MI 49442	38-3279226	501(C)(3)	69,000.	0.			GENERAL SUPPORT
COMMUNITIES OVERCOMING VIOLENT ENCOUNTERS - 906 EAST LUDINGTON AVE. - LUDINGTON, MI 49431	38-2243550	501(C)(3)	10,596.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY NETWORK WEST 27 EAST CLAY AVENUE MUSKEGON, MI 49442	38-3476797	501(C)(3)	6,750.	0.			GENERAL SUPPORT
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	108,300.	0.			GENERAL SUPPORT / IL BOOK MAILING
EMPOWERMENT NETWORK 5 EAST MAIN ST. FREMONT, MI 49412	81-0568467	501(C)(3)	1,426.	0.			GENERAL SUPPORT
EVERY WOMANS PLACE, INC. 1221 WEST LAKETON AVENUE MUSKEGON, MI 49441	38-2072675	501(C)(3)	109,386.	0.			GENERAL SUPPORT
FEEDING AMERICA WEST MI 864 WEST RIVER CENTER COMSTOCK PARK, MI 49321	38-2439659	501(C)(3)	4,000.	0.			MOBILE FOOD PANTRIES
GIRL SCOUTS OF AMERICA MICHIGAN SHORE TO SHORE - 3275 WALKER AVE NW - GRAND RAPIDS, MI 49544	38-1366924	501(C)(3)	9,698.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES 271 APPLE AVENUE MUSKEGON, MI 49442	38-1357148	501(C)(3)	20,172.	0.			GENERAL SUPPORT
HERCO 1100 3RD ST MUSKEGON, MI 49440		501(C)(3)	15,180.	0.			EMERGENCY SHELTER
HOPE NETWORK P.O BOX 890, 3075 ORCHARD VISTA DRI GRAND RAPIDS, MI 49456	38-3323617	501(C)(3)	13,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE PROJECT 1887 HOLTON RD NORTH MUSKEGON, MI 49445	35-2270341	501(C)(3)	18,000.	0.			GENERAL SUPPORT
LEGAL AID OF WESTERN MICHIGAN 450 MORRIS, SUITE 202 MUSKEGON, MI 49440	38-2156874	501(C)(3)	58,600.	0.			GENERAL SUPPORT
LOVE, INC. 2735 EAST APPLE AVENUE - SUITE A MUSKEGON, MI 49442	38-2450507	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MEDIATION & RESTORATIVE SERVICES 27 EAST CLAY AVENUE MUSKEGON, MI 49442	38-3214950	501(C)(3)	48,198.	0.			BARJ PROGRAM AND GENERAL SUPPORT
MICHIGAN WORKS! WEST CENTRAL 14330 NORTHLAND DRIVE BIG RAPIDS, MI 49307	38-2217024	501(C)(3)	17,500.	0.			MI CAREERQUEST 2021 & SUMMER YOUTH PROGRAM
MISSION FOR AREA PEOPLE 2500 JEFFERSON STREET MUSKEGON HEIGHTS, MI 49444	38-3220964	501(C)(3)	105,369.	0.			EMERGENCY NEEDS FUNDING, SHELTER FOR THE HOMELESS, GENERAL SUPPORT
OCEANA COLLEGE ACCESS NETWORK 200 N WASHINGTON SQUARE SUITE 420 LANSING, MI 48933	36-4619621	501(C)(3)	4,500.	0.			GENERAL SUPPORT
ORCHARD VIEW SCHOOL 35 S SHERIDAN DR MUSKEGON, MI 49441	38-2529687	501(C)(3)	22,500.	0.			GENERAL SUPPORT
PATHFINDERS 2500 JEFFERSON ST MUSKEGON, MI 49444	45-2445595	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER RESOURCES 601 TERRACE ST - SUITE 100 MUSKEGON, MI 49440	38-1367329	501(C)(3)	7,000.	0.			COVID-19 GRANT
READ MUSKEGON PO BOX 1312 MUSKEGON, MI 49443	41-2176728	501(C)(3)	29,998.	0.			GENERAL SUPPORT
SALVATION ARMY PO BOX 1116 MUSKEGON, MI 49443	38-1359297	501(C)(3)	21,246.	0.			GENERAL SUPPORT
TRUE NORTH COMMUNITY SERVICES 6308 S WARNER AVE FREMONT, MI 49412	38-6158533	501(C)(3)	16,280.	0.			GENERAL SUPPORT
UNITED WAY OF MASON COUNTY - OCEANA-NEWAYGO 211 - 108 SW RATH AVE - LUDINGTON, MI 49431	38-2943115	501(C)(3)	9,062.	0.			GENERAL SUPPORT
VOLUNTEER FOR DENTAL 31 E CLAY AVE MUSKEGON, MI 49442	83-1299804	501(C)(3)	12,498.	0.			GENERAL SUPPORT
WHITE LAKE COMMUNITY EDUCATION 541 E SLOCUM DR WHITEHALL, MI 49441	38-6002973	501(C)(3)	12,195.	0.			LIGHTS ON AFTER SCHOOL PROGRAM
WHITE LAKE COMMUNITY EDUCATION 541 E SLOCUM DR WHITEHALL, MI 49441	38-6002973	501(C)(3)	24,000.	0.			GENERAL SUPPORT
YOUTH SOLUTIONS 330 W MAIN ST BENTON HARBOR, MI 49022	82-1416934	501(C)(3)	26,000.	0.			JMG - SCHOLARSHIP MONEY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESH COAST ALLIANCE 1190 EAST APPLE AVE. MUSKEGON, MI 49442	46-1973615	501(C)(3)	15,998.	0.			RESPONSE GRANT FUNDS AND GENERAL SUPPORT
HELPING EVERY LIVING PERSON SURVIVE - 717 BRIDGEVIEW BAY LN - MUSKEGON, MI 49441		501(C)(3)	4,998.	0.			GENERAL SUPPORT
HGA NONPROFIT HOMES INC. 917 WEST NORTON AVENUE MUSKEGON, MI 49441	38-2310386	501(C)(3)	4,000.	0.			COVID-19 GRANT
LAKE HAWKS IN FLIGHT FOUNDATION INC - 95 W BROADWAY - MUSKEGON HEIGHTS, MI 49444	47-1637526	501(C)(3)	4,000.	0.			COVID-19 GRANT
LAKESHORE REGIONAL COMMUNITY DEVELOPMENT CORP - 4821 RAMBLING CREEK DR - MUSKEGON, MI 49441	83-2414416	501(C)(3)	8,748.	0.			GENERAL SUPPORT
NEWAYGO COUNTY COMPASSION HOME 20 S. STEWART AVE FREMONT, MI 49412	46-3838415	501(C)(3)	7,230.	0.			GENERAL SUPPORT
NEWAYGO COUNTY PREVENTION OF CHILD ABUSE & NEGLECT - 601 N EVERGREEN DR - WHITE CLOUD, MI 49349	38-2577323	501(C)(3)	914.	0.			GENERAL SUPPORT
NEWAYGO COUNTY RESA 4747 WEST 48TH ST. FREMONT, MI 49412	38-1717623	501(C)(3)	12,890.	0.			GENERAL SUPPORT & IL PROGRAM
OCEANA COUNTY HOUSING COMMISSION 920 SOUTH STATE ST. HART, MI 49420	45-3576131	501(C)(3)	5,200.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT 7:14 REVIVAL OUTREACH 431 EAST LAKETON AVENUE MUSKEGON, MI 49442	80-2711395	501(C)(3)	5,000.	0.			COVID-19 GRANT
STAIRCASE YOUTH SERVICES 920 E TINKHAM AVE LUDINGTON, MI 49431	38-2709547	501(C)(3)	2,652.	0.			GENERAL SUPPORT
STEP UP PO BOX 1626 MUSKEGON, MI 49443	32-0469895	501(C)(3)	6,252.	0.			GENERAL SUPPORT
THE ARC MUSKEGON 601 TERRACE ST - SUITE 100 MUSKEGON, MI 49440	38-1586705	501(C)(3)	19,998.	0.			GENERAL SUPPORT
YMCA MUSKEGON 1115 3RD ST MUSKEGON, MI 49441	38-2000172	501(C)(3)	7,500.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE LAKESHORE

Employer identification number

38-1426895

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

10,000 MORE WORKING FAMILIES MEETING THEIR BASIC NEEDS BY 2025.

FORM 990, PART VI, SECTION A, LINE 6:

ALL DONORS TO UNITED WAY OF THE LAKESHORE ARE CONSIDERED MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD MEMBERS ARE ELECTED AT THE ANNUAL MEETING BY MEMBERS OF THE  
ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

CHANGES TO BOARD MEMBERS AND CHANGES TO BY-LAWS ARE SUBJECT TO APPROVAL BY  
MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE COMPLETED 990 IS E-MAILED TO ALL OF THE BOARD MEMBERS FOR  
REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

IN MAY OF EACH CALENDAR YEAR ALL BOARD MEMBERS AND KEY EMPLOYEES ARE  
REQUIRED TO COMPLETE A CODE OF ETHICS STATEMENT. THE STATEMENTS FOR THE  
BOARD MEMBERS ARE REVIEWED BY THE BOARD CHAIRMAN, AND EMPLOYEE STATEMENTS  
ARE REVIEWED BY THE CHIEF EXECUTIVE FOR CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

ALL COMPENSATION FOR THE ORGANIZATION'S EMPLOYEES ARE REVIEWED BY THE

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

Schedule O (Form 990) 2022



Name of the organization UNITED WAY OF THE LAKESHORE	Employer identification number 38-1426895
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PERSONNEL COMMITTEE. THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD. COMPENSATION FOR THE KEY EMPLOYEES ARE REVIEWED AND APPROVED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS POSTED ELECTRONICALLY TO THE ORGANIZATION'S WEBSITE FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY CURRENTLY MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE ON ITS WEBSITE.

PART XII, LINE 2(C)

THE UNITED WAY FINANCE COMMITTEE, MADE UP OF SEVERAL MEMBERS OF THE BOARD OF DIRECTORS, ALSO SERVES AS THE AUDIT COMMITTEE AND REVIEWS THE RESULTS OF THE ANNUAL AUDIT WITH THE INDEPENDENT AUDITORS.