Form 990

artment of the Treasury nal Revenue Service

2022 Open to Public Inspection

For the 2022 calendar year, Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4847(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security for instructions and the three public.
Go to www.fracyr/Sorm@39(or instructions and the littlet information.
or tax year beginning 04/01/22, and ending 03/31/23

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Parti Su	Form of organization	Website: W	Tan-exempt status:			Application pending	Americed return	terminared	Final return	Initial return	Name chance	Address change	B Check if applicable:
Summary	X Corporation	www.bcunitedway.org	X 501(c)(3)	Hastings	231 S. Broadway	Matt Goebel	F. Name and address of principal officer	Hastings	City or town, state or province, country, and ZIP or turning postal code	Number and street for P.O. box if mail is not delivered to street address. 231 S. Brosdway	Doing business as		C Name of organization
	True.	edway.	501(c) (tri	Broadwa	ebe1	of principal officer		or province, country	coadway		Bar	9
	Association	pro) (Insert no.		Ψŧ			X	y, and ZIP or fare	i is tol delivered		Barry County United Way	
The same of the sa	Otter		(00)	ĭ				MI 49058	gn postal code	to street address		y Unite	
			4547(a)(1) or	49058						8		d Way	
	F		527										
	Year of formation:	H(c) Group		Ħ	H(b) Are all	H(a) Is this				Roombulte			
	1936	H(c) Group exemption rumber		No," attach a ii	H(b) Are all subordinates included?	a group return fo		G Gross receipts 5		269	38-		section or
	M State of legal domicile	d		If "No," attach a list. See instructions	included? Yes	H(a) Is this a group return for subordinates? Yes 🔼 No		recepts 1,581,611		269-945-4010	38-6062803		or enginger identification number
	M				No	4 €	₫ :	,611					

u	Ne	LAN d B	sets o	5		ı	Ξxp	en	505			1	F	lev	enu	0				Act	lvit	les	8 (Gove	rna	nce	!
Part # Signature Block	22 Net assets or fund balances. Subtract line 21 from line 20	21 Total liabilities (Part X, line 28)	20 Total assets (Part X, line 16)	To regulate lace expenses. Guerrach miss to many miss th.		1/ Other expenses (Partix, column (A), lines TTa—TTQ, TTT=24e)	Comment.	h Total find micros (Bart IV column (D) line 25) 56 028	3 Salaties, ottler compensation, employee perions (Farcix, column (x), intes x-10)	14 Benefits paid to or for members (Part IX, column (A), line 4)	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9 Program service revenue (Part VIII, line 2g)	8 Contributions and grants (Part VIII, line 1h)		b Net unrelated business taxable income from Form 890-T, Part I, line 11	7a Total unrelated business revenue from Part VIII, column (C), line 12	6 Total number of volunteers (estimate if necessary)	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	4 Number of independent voting members of the governing body (Part VI, line 1b)	3 Number of voting members of the governing body (Part VI, line 1a)	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets		County communities	1 Briefly describe the organization's mission or most significant activities:
	1,965,388	126,624	2,092,012	Beginning of Current Year	558 668	2 200 216	77 647			461 893	1,859,776	2,957,984		4,549		2,953,435	Prior Year	76	72	6	91	•	a			1	(i):Tileraberrii);erinaeesonbii)
	1,995,749	123,864	2,119,613	End of Year	195 05	1 551 350	70 130		000,000	480 232	997,879	1,581,611	0	4,324	0000	1,577,287	Current Year	0	0	1347	9	32	32			CONTROL OF THE PARTY OF T	CARCING COMPANIES

Preparer Primits name Walker, Fluke & Sheldon,
Use Only 525 W. Apple Street
Hastings, MI 49058
May the IRS discuss this return with the preparer shown above? See instructions.
For Paperwork Reduction Act Notice, see the separate instructions.

Sign Here

Lani Forbes
Type or print name and title
Print/Type preparer's name David G. DeHaan

Preparer's signature

Executive Director

PLC

11/03/23 salf-employed P00836739
Fermi Ell 38-3639675 Check

269-945-9452

Yes No Form 990 (2022)

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Form 990 (2022)

II PTIN

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 bettef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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	4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) At Testal companions continues to the companion of the c
	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A.
from the year.	4b (Code:)(Expenses \$ 541,087 including grants of \$ 541,087) (Revenue \$ Michigan Public Service Commission and Emergency Shelter Grants fro State of Michigan helped in assisting 1,858 families with housing foreclosure/eviction and utility shut-off issues in our fiscal year
	44 (Code:) (Expenses \$ 876,608 including grants of \$ 450,792) (Revenue \$ See Schedule O
[[if "Yes," describe these changes on Schedule O I 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.
Yes X No	2. Did the organization underlake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3. Did the organization cease conducting, or make significant changes in how it conducts, any program services.
	1 Briefly describe the organization's mission: Improving lives by mobilizing the caring power of Barry County communities.
Page Z	Form 990 (2022) BAILLY COUNTY UNITIED WAY SPARKHI Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III

Assets 2,092,012 Ending Ending Labilities 126,624 123,864 1,965,388 1,965,388 1,965,388 1,965,749 30,361 Amended return Amended return Featurn / extended due date 02/15/24 Failure to file penalty Failure to file penalty	Total revenue per financial statements 1,581,611 Less: Unrealized gains Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Total revenue per return Total revenue per return Total expenses per return Total revenue per return	Changes 1,995,749 Net Asset / Fund Balance at End of Year.	Net income 0 1,581,611	Revenue 1,577,287 Contributions 1,577,287 Program service revenue Investment income 2-pital gain / loss Fundraising / Garning: Gross revenue Francis revenue	Barry County United Way Net Asset / Fund Balance at Beginning of Year 1,965,388	Forms 990 / 990-EZ Return Summary For calendar year 2022, or tax year beginning 04/01/22 and ending 03/31/23
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complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the Iransmission, (b) the reason for any delay in processing the return or refund, and (c)

the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal

PIN: check one box only

X | authorize Walker, Fluke & Sheldon, PLC

ERO firm name

to enter my PtN

38606 as my signature Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the

retum's disclosure consent screen.

electronic funds withdrawal

the payment, I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this

1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For calendar year 2022, or facal year beginning 4/01, 2022, and ending 3/31, 20, 23 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form88797E for the latest information.	2022
Name of filer		
	Barry County United Way 38-6062803	2803
Name and title of officer or person subject to tax	La	
	Executive Director	
Part : Type of Retu	Type of Return and Return Information	
Check the bax for the return for w	Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form	П
8038-CP and Form 5330 filers ma	8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a,	1a, 2a,
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a	3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b,	1b, 2b,
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10l	3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter-0-). But, if you entered -0- on the return, then enter-0- on the) on the
applicable line below. Do not cor	applicable line below. Do not complete more than one line in Part I.	1
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	T'PRT'PTT
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here	G.	
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5) 45	
5a Form 8868 check here	b Balance due (Form 8868, line 3c) 5b	
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4) 6b	
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1) 7b	
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b	
Part II Declaration a	Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that	are that 🗴 I am an officer of the above entity or 📗 I am a person subject to tax with respect to (name	ect to (name
of entity)	. (EIN)	a copy of the
2022 electronic return and accom	2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and	ect, and

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Part 拼 Certification and Authentication As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ties) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. ERO Must Retain This Form — See Instructions ***** Do not enter all zeros Oate 11/04/23 11/04/23

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Do Not Submit This Form to the IRS Unless Requested To Do So

Form 8879-TE (2022)

Form 990 (2022) Barry County United Way

Pactive Checklist of Required Schedules (continued)

Yes No

Page 4

38-6062803

21 20a 19 18 17 16 5 14a 13 12a 6 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a1 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Did the organization maintain an office, employees, or agents outside of the United States? Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Did the organization's separate or consolidated financial statements for the tax year include a foolnote that addresses Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets If "Yes," complete Schedule G, Part III Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Was the organization included in consolidated, independent audited financial statements for the tax year? If Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, Iomestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and III Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV for any foreign organization? If "Yes," complete Schedule F, Parts II and IV foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV fundraising, business, investment, and program service activities outside the United States, or aggregate "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Schedule D, Parts XI and XII the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, VII, VIII, IX, or X, as applicable or in quasi endowments? If "Yes," complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in donor-restricted endowments debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, Did the organization receive or hold a conservation easement, including easements to preserve open space Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes, custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or complete Schedule D, Part III the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization maintain any donor advised funds or any similar funds or accounts for which donors election in effect during the tax year? If "Yes," complete Schedule C, Part II candidates for public office? If "Yes," complete Schedule C, Part I Is the organization required to complete Schedule B, Schedule of Contributors? See instructions "Yes," complete Schedule D, Part I assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Schedule D, Part VI 20a 20b 11e 18 17 6 5 146 12b 12a 11f 111 110 116 10 × × × Þ¢ × Yes No ×× × M × × × ××× × × × × × × × × × × Þ¢ 38 37 36 ¥ 32 3 30

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Form 990 (2022)

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reportable gaming (gambling) winnings to prize winners?

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Form 990 (2022)

3 Part V 35a 29 28 27 26 12 25a 24a 23 o 0 Did the organization comply with backup withholding rules for reportable payments to vendors and Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable Did the organization conduct more than 5% of its activities through an entity that is not a related organization If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Did the organization maintain an escrow account other than a refunding escrow at any time during the year 19? Note: All Form 990 filers are required to complete Schedule O. related organization? If "Yes," complete Schedule R, Part V, line 2 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 or IV, and Part V, line 1 complete Schedule N, Part II Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule IV, Part I conservation contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If A family member of any individual described in line 28a? If *Yes, "complete Schedule L, Part IV A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Part IV, instructions for applicable filing thresholds, conditions, and exceptions): Was the organization a party to a business transaction with one of the following parties (see the Schedule L member, or to a 35% controlled entity (including an employee thereof) or family member of any of these employee, creator or founder, substantial contributor or employee thereof, a grant selection committee Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? to defease any tax-exempt bonds? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I "Yes," complete Schedule L Part IV "Yes," complete Schedule L, Part IV persons? If "Yes," complete Schedule L, Part III If "Yes," complete Schedule L, Part I through 24d and complete Schedule K. If "No," go to line 25a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b employees? If "Yes," complete Schedule J organization's current and former officers, directors, trustees, key employees, and highest compensated Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 35b 35a 24a 24b 38 37 36 ಜ 32 의 성 28c 29 28Ь 25b 25a 24c 27 26 23 22 × Yes No × × ×× MM ×× × × × 14 ×

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	=	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If *Yes * complete Form 6069.
	<u> </u>	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities
		If "Yes," complete Form 4720, Schedule O
×	16	If "Yes," see instructions and file Form 4/20, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
,	10	excess parachule payment(s) during the year?
4		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or
	146	Did the organization receive any payments for indoor tallfilling services duffing the eax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
×	14a	Enter the amount of reserves on hand
		ualified health plans
		to maintain by the states in which
		Note: See the instructions for additional information the organization must report on Schedule O.
	13a	Is the organization licensed to issue qualified health plans in more than one state?
		Section 501(c)(29) qualified nonprofit health insurance issuers.
		If "Yes," enter the amount of tax-exempt interest received or accrued during the year
	123	against amounts due or texelved from uterit.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
		Gross income from other sources, (Do not net amounts due or paid to other sources
		Gross income from members or shareholders
		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
		Initiation fees and capital contributions included on Part VIII, line 12
		Did the Sponsoning organizations. Enter:
	96	Did the sponsoning organization make a distribution to a donor, donor advisor, or related person?
51007700	92	Sponsurily driganization maintaining derive actions under section 4966?
	-	sponsoring organization have excess business notdings at any time during the year?
100000	20	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the
	/h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07
	79	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
	7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
	7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
		If "Yes," indicate the number of Forms 8282 filed during the year
	7c	required to file Form 8282?
		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was
	7b	ally services province to the payor: If "Yes," did the organization notify the donor of the value of the goods or services provided?
	73	DIG the organization teceive a payment in excess of \$13 made painty as a commission and painty to govern
		Organizations that may receive deductible confributions under Section 1/0(c).
	60	gifts were not tax deductible?
		If "Yes," did the organization include with every solicitation an express statement that such contributions or
×	Sa	organization solicit any contributions that were not tax deductible as charitable contributions?
		If Yes to line 3d of 5b, did the digalitzation line Form second is
	50	Did any taxable party notify the organization that it was only a party to a promotion of a section individual in the organization file Form \$886-T2
×	55	Was the organization a party to a promining tax stretter related and the shelf transaction?
×	5a	See instructions for filing requirements for himCEN Form 114, Report of Foreign Balix and Filiational Accounts (FDATA).
		If "Yes," enter the name of the foreign country
×	4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.
	3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O
×	-	If at least time is reported on the each of the organization fire an expense former during the year?
02000000	2b X	1
	databah da	ne l
No	Yes	o Other IRS Filings and Tax Complia
Page 5	T	990 PARTY County United Way 38-6062803

m 990 (2022) Barry County United Way 38-6062803

		art VI
Check if Schedule O contains a response or note to any line in this Part VI	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	Governance, Management, and Disclosure For each "Yes" response to lines 2 through / b below, and for a "No"

g	ection A. Governing Body and Management			П
	13 32		Yes	No
ы	\rightarrow			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
Б	Enter the number of voting members included on line 1a, above, who are independent	and and		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		4
,	any other officer, director, trustee, or key employee?	N	+	>
	uld the organization detectate control over intaliadement, ourses consoning by personned by or wheel the transfer of the control of other person?	ω		×
-	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	L	×
٠	Did the organization become aware during the year of a significant diversion of the organization's assets?	on	ļ	×
u	Did the organization have members or stockholders?	ø	+	×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	72		×
0	one or more members or the governing boxy; Are any governance decisions of the organization reserved to (or subject to approval by) members.		_	
	stockholders, or persons other than the governing body?	76	_	×
00	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	;	×	
4 70	I he governing body?	8 8	×	
Ψ,	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•		4
ğ	section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.	fe.)		
0a	Did the organization have local chapters, branches, or affiliates?	10a	řes	×
σ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	2		
,	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes: Las the consistent accomplete convict this Form 990 to all members of its governing body before filing the form?	11a	×	
o i	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	122	4 >	
0 0	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	128	4 >	
,	describe on Schedule O how this was done	13	×	
4 (Did the organization have a written document retention and destruction policy?	14	×	
Ch	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?		1	3
D)	25000000000000000000000000000000000000	15a	4 ×	
r.	CHARLEST COLUMN	15b	×	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
62	Did the organization invest in, contribute assets to, or participate in a jourt verifice or similar arrangement	16a	000000	×
ь	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			700
1		997		
19	Section C. Discussific			

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	List	
	the	l
	17 List the states with which a copy of this Form 990 is required to be filed M.	
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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 (eysplain 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 Dave DeHaan

Hastings

269-945-9452 Form 990 (2022)

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DA.

Independent Contractors

Page 8

AMCOUNT HISTORY SECTION A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (con

Form 990 (2022) Barry County United Way

Page 7

Page Name and title ē

(12)David Hatfield Average hours per week (list any hours for related organization below Position
(do not executance than one box, unless person is both an officer and a director/rustee) 160lfC кеу етрюуев (D)
Reportable compensation from the organization (W-2/1098-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

Director (18) Matt Palmer Director (19) Justin Peck Director (17) Lynn McConne Director Director (15) Mark Kolanowski (14) Bernie Director
(13) Jeff Helmus 1b Subtotal (16) Herman Lartique Jore 0.25 00 00 0.0 0.25 00 0 00 .00 . 25 .00 . 25 . 25 . 25 × 109,462

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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 its 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

Position
(do not check more than one low, unless person is both an officer and a director/buskee)

(D)
Reportable compensation from the organization (W-2/1098-MISC/1098-NEC)

(E)
Reportable compensation from related organizations (W-2/1095-MISC/1098-NEC)

(F)
Estimated amount of other compensation from the organization and related organizations

(B)
Average
hours
per week
(fied any
hours for
related
organizations
below
dotted line)

eelinalividual trustee ee dissultat

Futhers compensation and the state of the st

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of

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

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

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."

organization's tax year.

d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 109,462

c Total from continuation sheets to Part VII, Section A

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual

Yes No

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Section B. Independent Contractors Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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. Compensation

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

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0 Form **990** (2022)

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Director

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(11) Jan Hartough

(10) Catherine Getty

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(9) Rich Franklin

Director

0.25

×

(8)Michelle Duits

Director

0.25

×

(7) Cort Collison

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×

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×

(6) Amy Byers

(5)Deb Button

0.25

×

(4) Patrick Bucklan

0.25

×

(3)Michael Brown

Director

0.25

×

0

Executive Director (1) Lani Forbes

40.00

×

109,462

(2)Dale Boulter

Form 990 (102)

38-6062803

Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts Part VIII S ARCOUUNI 11/03/2023 2:01 PM ω 10a 9a 8° d Za ь 6a d Related organizations d Net rental income or (loss).
a Gross amount from
sales of assets
other than inventory
b Less: cost or other g Total, Add lines 2a-2f. Government grants (contributions)
 All other contributions, gifts, grants,
 and similar amounts not included above
g. Noncash contributions included in
g. All other revenue
Total, Add lines 11a-11d Net income or (loss) from sales of inventory Net income or (loss) from fundraising Royalties Investment income (including dividends, interest, and Fundraising events Membership dues Less; cost of goods sold Gross sales of inventory, less Net income or (loss) from gaming acti Less: direct expenses Gross income from gaming Less: direct expenses Gross income from fundraising events Net gain or (loss) Gain or (loss) Rental inc. or (loss) Less rental expenses Gross rents Income from investment of tax-exempt bond proceeds other similar amounts) All other program service revenue Total. Add lines 12-1f Federated campaigns returns and allowances activities, See Part IV, line 19 1c), See Part IV, line 18 of contributions reported on line (not including \$ basis and sales exps ines 1a-11 Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII Barry County United Way 70 5c 6a 76 (I) Securibes (i) Ras events Wities 8 8 # 1 c t # 100 9₂ (ii) Other 806,859 770,428 (A) Total revolue ,324 38-6062803 (B)
Relaied or exempt
function revenue (C) Unrelated business revenue (D)
Revenue excluded
from tax under
sections 512-514

12 Total revenue. See instructions

1,581,611

Form 990 (2022)

Form 990 (2022)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 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. Form 990 (2022) Barry County United Way
Part IX Statement of Functional Expenses 26 24 20 21 22 23 19 18 17 16 15 14 13 12 # ð 00 Total fundband expenses, And lines's transprise
 Joint coests. Comprises this line only if the
 organization reported in column (B) joint coests
from a combined edituational samplagm and
fundrating solitations. Check here
 tullowing SOP 98-2 (ASC 958-720) All other expenses Legal Other, (If line 11g amount exceeds 10% of line 25, column Lobbying Accounting Management Compensation of current officers, directors, Grants and other assistance to domestic Payments of travel or entertainment expens Investment management fees Professional fundraising services, See Part IV, line Fees for services (nonemployees): Compensation not included above to disqualified Benefits paid to or for members Grants and other assistance to foreign Grants and other assistance to domestic organizations Other expenses, Itemize expenses not covered Insurance Depreciation, depletion, and amortization Payments to affiliates Interest Conferences, conventions, and meetings Travel Occupancy Royalties Information lechnology Office expenses (A) amount, list line 11g expenses on Schedule (),) Payroll taxes Other employee benefits Pension plan accruals and contributions (include Other salaries and wages trustees, and key employees foreign individuals. See Part IV, lines 15 and 16 organizations, foreign governments, and individuals, See Part IV, line 22 (A) amount list line 24e expenses on Schedule O., line 24e amount exceeds 10% of line 25, column above (List miscellaneous expenses on line 24e If for any federal, state, or local public officials Advertising and promotion section 401(k) and 403(b) employer contributions) persons described in section 4958(c)(3)(B) persons (as defined under section 4958(f)(1)) and and domestic governments. See Part IV, line 21 Dues and Subscriptions Other Special Events Telephone Campaign Expenses (A) Total expenses 10,881 5,710 4,445 3,779 6,679 ,551,250 541,087 450,792 24,173 36,108 30,602 389,349 17,855 9,852 5,924 2,774 9,000 2,240 (B)
Program service
expenses 10,881 2,875 2,934 2,934 2,834 3,336 1,417,695 541,087 450,792 311,478 19,338 28,887 24,481 10,383 2,097 1,792 4,500 (C) Management and general expenses 567 2,905 77,527 38,936 2,417 3,610 3,061 9,852 5,924 5,318 ,510 445 982 (D) Fundraising expenses 1,853 1,511 378 438 56,028 38,935 2,154 2,418 3,611 3,060

Cash

Form 990 (2022) Barry County United Way

Part X Balance Sheet 38-6062803

(B) End of year

	(A) Beginning of year	
non-interest-bearing		-\
investments	1,708,051	N
s and grants receivable, net		ω
nts receivable, net		4
and other receivables from any current or former officer, director,		88
, key employee, creator or founder, substantial contributor, or 35%		
lled entity or family member of any of these persons		OI
and other receivables from other disqualified persons (as defined		
section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		(0)
and loans receivable, net		7
ories for sale or use		(m)
d expenses and deferred charges	200	_

8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis, Complete Part VI of Schedule D bess: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, II	9 Prepaid expenses and e basis, Complete Part b Less: accumulated de 11 Investments—publicly	9 Prepaid expenses and basis. Complete Part basis. Complete Part b Less: accumulated de	9 Prepaid expenses and basis Complete Part	8 Inventories for sale or 9 Prepaid expenses and 10a Land, buildings, and e			S	m 7 Notes and loans receivable net	under section 4958(f)(6 Loans and other recei	controlled entity or far	trustee, key employee	5 Loans and other recei	4 Accounts receivable, net	3 Pledges and grants receivable, net	2 Savings and temporary cash investments	
	Investments—other securities. See Part IV, line 11	traded securities	preciation	VI of Schedule D	quipment: cost or other	deferred charges	use	vable, net	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	Loans and other receivables from other disqualified persons (as defined	controlled entity or family member of any of these persons	trustee, key employee, creator or founder, substantial contributor, or 35%	Loans and other receivables from any current or former officer, director,	net	ceivable, net	ry cash investments	
			106	10a					tion 4958(c)(:	sons (as defi	ons	contributor, or	r officer, direc				
T		1	66,082	122,664		0.0000000000000000000000000000000000000			3)(B)	ned		35%	lor,				
			49,436 100												334,525 3	1,708,051	
		_				9	00	7	o		'n			_	w	2	ĺ
1	13	=	10c			-		-	_		-		****	_	_		ŀ

basis Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities, See Part IV, line 11 Investments—program-related. See Part IV, line 11	10a	122,664 66,082	49,436 10c 11 12	10c 11 12	56,582
Investments—publicly traded securities				=	
Investments—other securities, See Part IV, line 11				12	
Investments—program-related_See Part IV, line 11				13	
Intangible assets				14	
Other assets. See Part IV, line 11				15	
Total assets. Add lines 1 through 15 (must equal line 33)	3)		2,092,012 16	16	2,119,613
Accounts payable and accrued expenses		() () () () () () () () () ()	21,157 17	17	20,689
		A TOTAL PROPERTY OF THE PARTY O			The second secon

Grants payable	18	
Deferred revenue	19	, r
Tax-exempt bond liabilities	20)
Escrow or custodial account liability. Complete Part IV of Schedule D	21	
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	22	
Secured mortgages and notes payable to unrelated third parties	23	
Unsecured notes and loans payable to unrelated third parties	24	
Other liabilities (including federal income tax, payables to related third		
parties, and other liabilities not included on lines 17-24). Complete Part X		
	1	

Liabilities

24 23

Total liabilities. Add lines 17 through 25

Organizations that follow FASB ASC 958, check here

×

of Schedule D

17 18 19 20 21 22

11 12 13 14 16

27 1,593,653	1,540,710
28 402,096	424,678
26 123,864	126,624

Net Assets or Fund Balances

and complete lines 29 through 33.

27 28

Net assets with donor restrictions

Net assets without donor restrictions

and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here

29 30 31 32 33

Total liabilities and net assets/fund balances

Total net assets or fund balances

Capital stock or trust principal, or current funds
Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

1,995,749 2,119,613 Form 990 (2022)

1,965,388 32 2,092,012 33

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Barry
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conciliation of Net Assets ck if Schedule O contains a response or note to any line in this Part XI [must equal Part VIII. column (A), line 12) 1 2,58	arry county united way	38-6062803		
or note to any line in this Part XI	onciliation of Net Assets			
	ck if Schedule O contains a response or note to a	ny line in this Part XI		
	(must equal Part VIII, column (A), line 12)		_	1,58

Form 990 (2022)	70	
×	36	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.
×	39	
######################################		Schedule C. 3. As a result of a federal award was the empirical decrease an end-account of each in the
×	20	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
		Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of
		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a
×	26	b Were the organization's financial statements audited by an independent accountant?
		reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis
		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or
×	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?
		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
NO Sal		1 Accounting method used to prepare the Form 990: Cash X Accrual Other
		Check it solicitate of contains a response of finderto any line in tills marrial
J		Rant XIII Financial Statements and Reporting
995,749	10 1,	32. column (B))
		10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line
	٥	9 Other changes in net assets or fund balances (explain on Schedule O)
	00	8 Prior period adjustments
	7	7 Investment expenses
	ø	6 Donated services and use of facilities
	5	5 Net unrealized gains (losses) on investments
965,388	4 1,	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))
30,361	3	3 Revenue less expenses, Subtract line 2 from line 1
,551,250	2 1,	2 Total expenses (must equal Part IX, column (A), line 25)
581,611	1 1,	1 Total revenue (must equal Part VIII, column (A), line 12)
		Assets
Page 12		Form 990 (2022) Barry County United Way 38-6062803

DAA

Total number of independent contractors (including but not limited to those listed above) who	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization \$ tax year compensation from the organization \$ tax year (Al). Name and braises outress	by the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? It "Yes," complete Schedule J for such individual employee on line 1a? It "Yes," complete Schedule J for such individual sisted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in the compensation from any unrelated organization or individual 5. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5. The such person is the organization? If "Yes," complete Schedule J for such person is section. B. Independent Continuators.	Total from continuation sheets to Part VII, Section A	(27) Carrie Wilgus 0.25 Director 0.00 X	Linda W	Emily	(24) Rebecka Tagg 0.25 Director 0.00 X	(23) Carl Schoessel 0.25 Director 0.00 x	Mike	(21) Bill Rohr 0.25 Director 0.00 x	Sara Price 0.25	Name and thic Postson (A) Average (D) Postson Normal Market Postson (A) Average (D) Postson Postso
who	ived more than \$100,000 of within or within the organization's tax year (B) Describin of services	mpensated pensation from the let J for such mization or individual	more than \$100,000 of	0	0	0	0	0	0	0	0	(E) Reportable fon corporatation fon limit related for organizations (N-2) 1059-MEC) 1059-MEC)
	(C) Companisation	5 A G Yes		0	0	0	0	0	0	0	0	(F) Estimated amount of other compensation from the organization and related organizations
Total number of independent contractors (including but not limited to those listed above) who	Complete this table for your five highest compensated independent contradors 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 property of the compensation for the calendar year ending with or within the organization's tax year. April 1	3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 \$150,0007 If "Yes," complete Schedule J for such individual by person listed on line 1a receive or accrue compensation from any unrelated organization or individual to services rendered to the organization? If "Yes," complete Schedule J for such person is lined person in the compensation from any unrelated organization or individual to services rendered to the organization? If "Yes," complete Schedule J for such person.	c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1b Subtotal		Secretary 0	Presiden	President McKeown	mrer Dave	tor	Patty	(A) Name and tite
intradors (including but not lim	r your five highest compensated indepe e organization. Report compensation for (A) Name and business address.	mer officer, director, trustee, k omplete Schedule J for such it la, is the sum of reportable oc ations greater than \$150,0000 receive or accrue compensati nitration? If "Yes," complete s	s to Part VII, Section A uding but not limited to those te organization			0.25 0.00	0.25 0.00 x	0.25 0.00	0.25 0.00	0.25 0.00 X	0.25 0.00 x	(e.g. powers) (e.g.
ized to those listed above) who	ndent contractors that received r the cateridar year ending with	ey employee, or highest comp individual If the compensation and other compen If the complete Schedule - on from any unrelated organiza- tionedule I for such person	listed above) who received mor									(B) (do not check more than one faporable form related form of the production of the
	or within the organization's Description of services	ensated sation from the for such ation or individual	re than \$100,000 of			0	0	0	0	0	0	(E) Reportable compensation from related from related from related 1098-MEC)

Form 990 (2022)

Page 8

(F)
Estimated amount of other compensation from the organization and related organizations

SCHEDULE A

Department of the Treasury Mismail Revenue Serves

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

DME No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information 2022

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ (B) Ē 9 0 € 12 1 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1) 4 lame of the organization Part! ۵ ь ע 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. Provide the following information about the su Enter the number of supported organizations An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of An organization organized and operated exclusively to test for public safety, See section 509(a)(4) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) An organization operated for the benefit of a college or university owned or operated by a governmental unit described in A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses university: described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(iv). (Complete Part II.) city, and state: Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness organization(s). You must complete Part IV, Sections A and C. control or management of the supporting organization vested in the same persons that control or manage the supported supporting organization. You must complete Part IV, Sections A and B. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Barry County United Way ported organization(s (iii) Type of organization (described on locs 1–18 (fv) is the organization listed in your governing document? Ύes (v) Amount of monets support (see instructions) 38-6062803 Schedule A (Form 990) 2022 (vi) Amount of other support (see instructions)

Schedule A (Form 990) 2022

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99.51% 99.53%

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organization, check this box and stop here
Section C. Computation of Public Support Percentage 6 Public support Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) Section A. Public Support Part II Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in this box and stop here. The organization qualifies as a publicly supported organization box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this Public support percentage from 2021 Schedule A, Part II, line 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 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) Gross receipts from related activities, etc. (see instructions) Other income. Do not include gain or is regularly carried on Net income from unrelated business Gross income from interest, dividends, payments received on securities loans Amounts from line 4 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Total support. Add lines 7 through 10 rents, royalties, and income from similar sources The portion of total contributions by each person (other than a Tax revenues levied for the (Explain in Part VI.) loss from the sale of capital assets activities, whether or not the business supported organization) included on line 1 that exceeds 2% of the amount The value of services or facilities governmental unit or publicly Total. Add lines 1 through 3 to or expended on its behalf shown on line 11, column (f) organization without charge zation's benefit and either paid 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.) ental unit to the Barry County United Way (a) 2018 (a) 2018 1,140,979 1,140,979 1 140 979 5,21 (b) 2019 (b) 2019 1,073,843 1,073,843 1,073,843 11,96 (c) 2020 (c) 2020 1,479,950 1,479,950 1,479,950 12,567 (d) 2021 (d) 2021 2,953,435 2,953,435 2,953,435 4,549 (e) 2022 (e) 2022 1,577,287 1,577,287 1,577,287 4,324 3 12 7 (f) Total 8,264,109 8,225,494 (f) Total 8,225,494

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8,225,494

8,225,494

Page 3

Schedule A (Form 960) 2022
Part III Suppor Barry County United Way

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.) 38-6062803

20	0	r	19a	ö	17	Sec	di di	Ġ	Sec	1	i.	13	12	7	С	ь	10a	9	Caler	Sec	00	С	ь	7a	o	Ċħ	4	ω	ю	_	Sec
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	ine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	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	Investment income percentage from 2021 Schedule A, Part III, line 17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	Section D. Computation of Investment Income Percentage	Public support percentage from 2021 Schedule A. Part III, line 15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	Section C. Computation of Public Support Percentage	organization, check this box and stop here	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)	Total support. (Add lines 9, 10c, 11,	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	Add lines 10a and 10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Gross income from interest, dividends, payments received on securities foats, rents, royalities, and income from similar sources	Amounts from line 6	Calendar year (or fiscal year beginning in)	Section B. Total Support	Public support. (Subtract line 7c from line 6.)	Add lines 7a and 7b	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	Amounts included on lines 1, 2, and 3 received from disqualified persons	Total. Add lines 1 through 5	The value of services or facilities furnished by a governmental unit to the organization without charge	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Gross receipts from activities that are not an unrelated trade or business under section 513	Gross receipts from admissions, merchandine sold or services performed, or facilities furnished in any activity that is related to the organization's (ax-exempt purpose	Gifts grants, contributions, and membership lees received. (Do not include any "unusual grants")	Section A. Public Support Calendar year (or fiscal year beginning in)
d not check a box	his box and stop I	ox and stop here	nization did not ch	Schedule A, Part	line 10c, column (ent Income Pe	edule A. Part III. I), column (f), divid	upport Percer	***************************************	manization's first								(a) 2018												(a) 2018
on line 14, 19a, or	nere. The organiza	. The organization	heck the box on lin	III, line 17	n, divided by line 1	rcentage	ne 15	ed by line 13, colu	ntage		second third four								(b) 2019												(b) 2019
r 19b, check this b	tion qualifies as a	qualifies as a publ	e 14, and line 15 i		13, column (f))			mn (f))			th, or fifth tax year								(c) 2020												(c) 2020
ox and see instruct	publicly supported	licly supported orga	s more than 33 1/3	This section is a second	TOTAL DESIGNATION OF THE PERSON OF THE PERSO						as a section 501(c								(d) 2021												(d) 2021
tions	organization	anization an 33 1/3% and	%, and line	18	17		16	to)(3)								(e) 2022												(e) 2022
		-		%	*		26	28		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	555								(f) Total												(f) Total

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Barry County United Way

38-6062803

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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105	distance in the property of th
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to
10a	supporting organizations)? If "Yes," answer line 10b below.
	was trie organization subject to the excess business indulings these or section was because or section. 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated
	from, assets in which the supporting organization also field all lifterests if fires, province detail in Figure 1.
٩	Did a disqualified person (as defined on line 9a) have an ownership interest in, or denve any personal benefit
90	the supporting organization had an interest? If "Yes," provide detail in Part VI.
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which
98	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations
	Was the organization controlled directly or indirectly at any time during the tax year by one or more
00	Did the organization make a loan to a disqualified person (as defined in section 4500) not described on line 70 ft 70s from 940)
,	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor
ø	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
1111	by one or more of its supported organizations, or (iii) other supporting organizations that also support or
	anyone office of an individuals that are part of the charitable class benefited و anyone of the charitable class benefited
90	Substitutions only. Was the substitution the result of an event beyond the organization's control?
56	designated in the organization's organizing document?
	Type I or Type II only. Was any added or substituted supported organization part of a class already
58	was accomplished (such as by amendment to the organizing document),
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;
	answer lines 5b and 5c below (if applicable), Also, provide detail in Part VI, including (i) the names and EIN
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"
8	purposes
H	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used
	Did the organization support any foreign supported organization that does not have an IRS determination
#	destribe being controlled or supervised by or in connection with its supported organizations.
	Did the organization have diffinite control and discretion in deciding whether had such control and discretion
i	Yes, and if you checked box 128 or 120 in Part I, allowed lines at any 4 period.
1	Was any supported organization not organized in the United States ("foreign supported organization")? If
3c	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)
38	organization made the determination.
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the
8	lines 3b and 3c below:
,	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
2	organization was described in section 509(a)(1) or (2).
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
	Did the organization have any supported organization that does not have an IRS determination of status
-	class or purpose describe the designation. If historic and continuing relationship, explain,
	documents? If "No." describe in Part VI how the supported organizations are designated. If designated by
Tes	Are all of the prescription's supported prescriptions listed by name in the prescription's governing
-	uon A. All Supporting Organizations

determine whether the organization had excess business holdings.

10b | Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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	a A persor	11 Has the		Part
A believe the appropriate the second of the	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	Has the organization accepted a gift or contribution from any of the following persons?		Supporting Organizations (continued)
44				
			Yes	

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	Yes No	Section B. Type I Supporting Organizations	provide detail in Part VI.	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	b A family member of a person described on line 11a above?	11c below, the governing body of a supponed organization?
--	--	--	---	---	--	--------	--	----------------------------	--	--	---

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed.		Section C. Type II Supporting Organizations	supervised, or controlled the supporting organization.	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	2 Did the organization operate for the benefit of any supported organization other than the supported
also a majority of the directors			2	nization(s) that operated,	ration? If "Yes," explain in Part	er than the supported
	Yes		THE STREET			
	No		CONTRACTO			

	the supported organization(s).	_		
Sect	Section D. All Type III Supporting Organizations			
	The second secon		Yes	No
rid.	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 (ii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	N		
ω	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	Co)		
•				

Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below.

ь					į.	2	C	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's	that these activities constituted substantially all of its activities.	how the organization was responsive to those supported organizations, and how the organization determined	those supported organizations and explain how these activities directly furthered their exempt purposes,	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identity	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Activities Test, Answer lines 2a and 2b below.	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	
	23					1	(see instruction	
						Yes	5	

No

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	rganizations
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	nswer lines
	Sa
	and
	36
	below.
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have engaged in these activities but for the organization's involvement.

"Yes, "explain in Part VI the reasons for the organization's position that its supported organization(s) would involvement, one or more of the organization's supported organization(s) would have been engaged in? If

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or Irustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

30 27

Page 5

5		20-0002003	Page 6
工程系统 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	ganizations Nov. 20, 1970 (e.	(plain in Part VI). S	e e
instructions: All other Type III non-functionally integrated supporting organizations must complete Sections A through E	ust complete Se	ctions A through E	
Section A – Adjusted Net Income	9	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		
2 Recovertes of prior-year distributions	2		
3 Other gross income (see instructions)	u		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	ch		
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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	00		
Section B – Minimum Asset Amount	9	(A) Prior Year	(B) Current Year
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	ía		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	ы		
3 Subtract line 2 from line 1d.	ω		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	Us .		
****	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	60		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	4		
2 Enter 0.85 of line 1	2		
 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	Un		
- 1			

Schedule A (Form 990) 2022

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

emergency temporary reduction (see instructions).

Schodule A (Form 990) 2022

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Schedule A Form 500 2022 Barry County United Way 38-6062803
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Page 7

Sec 2	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued Section D – Distributions 1. Amounts paid to supported organizations to accomplish exempt purposes 2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3. Administrative expenses paid to accomplish exempt purposes of supported organizations.	upporting Organiza es of supported of analizations		Current Year
00 (01	Qualified set-eside amounts (prior IRS approval required—provide details in Part VI). Other distributions (describe in Part VI). See instructions.	is in Part Vi)	en u	
7	Total annual distributions, Add lines 1 through 6.		7	
∞ .	Distributions to attentive supported organizations to which the organization is responsive	ion is responsive	COS	
	(provide details in Part VI). See instructions.			
ф	Distributable amount for 2022 from Section C, line 6		9	
10			10	
Sec	Ř.	(i) Excess Distributions	(ii) Underdistributions Pro-2022	(iii) Distributable Amount for 2022
10 -4				
ω	Excess distributions carryover, if any, to 2022			
	a From 2017			
	b From 2018			
	c From 2019			
	d From 2020			
	e From 2021			
	f Total of lines 3a through 3e			
	g. Applied to underdistributions of prior years			
	i Carryover from 2017 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from line 3f.			
4				
	Section D, line 7:			
	a Applied to underdistributions of prior years			
	b Applied to 2022 distributable amount			
	c Remainder, Subtract lines 4s and 4b from line 4.			
on.				
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
ø				
	and 4b from line 1. For result greater than zero, explain in			

Part VI	Schedule A (Fo
Supplementa III, line 12; Par B, lines 1 and 3a, and 3b; Par lines 2, 5, and	rm 990) 2022
Supplemental Information. Provide the explanations required by Part II, line 10; P. III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, 9, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, are lines 2, 5, and 6. Also complete this part for any additional information. (See instruc	Barry
Provide the lines 1, 2, 1 on C, line 1 tV, Section te this part	County
explanation 3b, 3c, 4b, 4 1; Part IV, S 1 B, line 1e; for any add	y County United Way
ns required fc, 5a, 6, 9 section D, II Part V, Se itional infor	1 Way
by Part II, I a, 9b, 9c, 1 nes 2 and 3 ction D, line mation. (Se	
upplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part II, line 17a or 17b; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section C, lines 1, and 2; Part IV, Section C, line 1; Part IV, Section E, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, a 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, a 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, as 7, 5, and 6. Also complete this part for any additional information. (See instructions.)	38-6062803
7b; Part ection c, 2a, 2b, ection E,	Page 8

Schedule A (Form 990) 2022

and 4c.

8 Ereakdown of line 7:
a Excess from 2018
b Excess from 2029
c Excess from 2020
d Excess from 2021
e Excess from 2022

Schedule A (Form 990) 2022

Part VI. See instructions.

7 Excess distributions carryover to 2023. Add lines 3j

BARCOUUNI 11/03/2023 2 02 PM

Schedule B	Schedule of Contributors	OMB No. 154
Department of the Treasury	Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	202
Name of the organization		Employer identification num
Barry County Un Organization type (check one):	nited Way	38-6062803
Filers of:	Section:	
Form 990 or 990-EZ	S01(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization is Note: Only a section 501(c) instructions.	Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
For an organization filing Form or more (in money or property) contributor's total contributions	For an organization filing Form 980, 590-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
E For an organization regulations under so 16b, and that receiv (2) 2% of the amoun	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/5% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(o), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributior, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1b; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	7
For an organization contributor, during the literary, or education "N/A" in column (b)	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'NA' in column (b) instead of the contributor name and address), II, and III.	
For an organization contributor, during the contributions totaled during the year for a General Rule applic totaling \$5,000 or m	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were neceived during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.	50
Caution: An organization the must answer "No" on Part No. 2, to certify that it doesn't me	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).	ut il Ll, line
For Paperwork Reduction Act	For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990)

(b) (address, and ZIP + 4 (b) (address, and ZIP + 4 (b) (b) (b) (c) (d)	(b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (f) (f) (e) (e) (e) (f) (f) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (C) (C) (D) (C) (D) (D) (C) address, and ZIP + 4 (Contraction) (b) (C) (C) address, and ZIP + 4 (C) (C) address, and ZIP + 4 (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	I 49503 S [C] Total control c
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	8	8	S

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Schedule B (Form 990) (2022)

spartment of the Treasury terrui Reserve Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 0, 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

Open to Public Inspection 2022

Part I b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAX lame of the organization Part III Part II Barry County United Way 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements on a certified historic structure included in (a) Total acreage restricted by conservation easements Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used Total number of conservation easements Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)

Preservation of a historically important land

Preservation of natural habitat Did the organization inform all donors and donor advisors in writing that the assets held in donor advised If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservaonly for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Aggregate value of contributions to (during year) Total number at end of year Revenue included on Form 990, Part VIII, line 1 If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Number of states where property subject to conservation easement is located tax year historic structure listed in the National Register easement on the last day of the tax year. Aggregate value of grants from (during year) following amounts required to be reported under FASB ASC 958 relating to these items (ii) Assets included in Form 990, Part X provide the following amounts relating to these items: art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, service, provide in Part XIII the text of the footnote to its financial statements that describes these items. of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public and section 170(h)(4)(B)(ii)? violations, and enforcement of the conservation easements it holds? funds are the organization's property, subject to the organization's exclusive legal control? Revenue included on Form 990, Part VIII, line 1 Preservation of open space zation's accounting for conservation easements Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Conservation Easements. Preservation of a historically important land area advised funds Employer identification 38-6062803 2b 20 22 (b) Funds and other accounts Held at the End of the Tax Year Schedule D (Form 990) 2022 Yes Yes No Yes Yes No No No No

DAA

Total. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.)

122,664

66,082

Schedule D (Form 990) 2022 56,582 56,582

d Equipment b Buildings

c Leasehold improven

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Schedule D (Form 980) 2022 Barry County United Way

Partiff Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

n	0	w	ω
 Preservation for future generations 	b Scholarly research	Public exhibition	Using the organization's acquisition, accession, an collection items (check all that apply):
	e Other	d Loan or exchange program	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):

					Buildings	o 6
					200	
(d) Boak value	(c) Accumulated depreciation		(b) Cost or other basis (ather)	(a) Cost or other basis (invastment)	Description of property	
Part X, line 10.	990		orm 990, Pa	ment. Inswered "Yes" on F	Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a.	Part VI
			t funds.	rganization's endowmen	Describe in Part XIII the intended uses of the organization's endowment funds	1
3Ъ			Schedule R?	ons listed as required on	(ii) Related organizations If "Yes" on line 3a(ii) are the related organizations listed as required on Schedule R?	-
3a(ii)		With the Land Control of the Control	Children and an article) Unrelated organizations	9
Sall Sall					organization by:	0
		administered for the	nat are held and	on of the organization the	Are there endowment funds not in the possession of the organization that are held and administered for the	3a A
				d equal 100%.	on lines 2a, 2b,	
					Term endowment %	n 6
				%	Board designated or quasi-endowment	
		held as:	1g, column (a))	t year end balance (line	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
					End of year balance	9 FI
					programs Administrative expenses	• > •
					Other expenditures for facilities and	e O
Ī					Grants or scholarships	d G
					losses	o 2
					Contributions	
				H	Beginning of year balance	
(e) Four years back	(d) Three years back	(c) Two years back	(b) Prior year	(a) Current year	Complete a man or guarante	Ĭ
		Part IV. line 10.	orm 990. Pa	nswered "Yes" on F		Part V
		ovided on Part XIII	ion has been pr	heck here if the explanat	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	P 14
Yes No		lodial account liability?	r escrow or cust	n 990 Part X line 21 fo	Did the emerization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?	
	≠ π		A COLUMN TO SERVICE AND A SERV		Distributions during the year	
	10	MANAGEMENT STREET, STR	S. Sherikaka		е уеаг	
	1c				Beginning balance	c CD
Amount			table:	d complete the following	If "Yes," explain the arrangement in Part XIII and complete the following table:	Б
Yes No					included on Form 990, Part X?	ā 5
		r other assets not	contributions o	or other intermediary for	le the commission on order threstee custodian or other intermediary for contributions or other assets not	- 1
on Form	orted an amount	rt IV, line 9, or repo	orm 990, Pa	nswered "Yes" on F		0.00000
1		b collection:	ne organization	gements.	assets to be solo to raise funds rainer than to be maintained as part of the disjunctions a consecutive of the solo to raise under the solo to the consecutive of the solo to raise under the solo to	assets
Yes No		es, or other similar	iistorical treasur	eceive donations of art, I	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	5 D
					,,	XIII
	urpose in Part	organization's exempt p	hey further the c	ctions and explain how t	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part	4 P [
		Personal International Control		1	Preservation for future generations	1
		all	Other	e Other	Public exhibition Scholarly research	o 10
		war.	r ovekonne prov		The France	i N

Schedule D (Form 990) 2022 Barry County United Way	38-6062803 Page 3	Schedule D (Form 990) 2022 Barry County United Way 38-6062803
PARTY: Investments – Other Securities. Complete if the organization answered "Yes" on Form 990. Part IV. line 11b. See Form 990. Part X. line 12		nciliation of Revenue per Audited Financial Statements With Re
(a) Description of security or category (including name of security) (including name of security)	(e) Method of valuation: Cost of encot-voar market value	
(1) Financial derivatives		a Net unrealized gains (losses) on investments
(2) Closely neid equity interests (3) Other		Donated services and use of facilities
(A)		d Other (Describe in Part XIII.)
(8)		Add lines 2a through 2d
(C)		
(F)		
(F)		Investment expenses not included on Form 990, Part VIII, line 7b
(6)		b Other (Describe in Part XIII.)
Î		Total revenue. Add lines 3 and 4c. (This must extra) From oon, Dart I (in., 42)
3		D4: 1
Part VIII Investments - Program Related.		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13	art IV, line 11c. See Form 990, Part X, line 13.	Total expe
(b) DOOK WARDE	Value Cost or end-of-year market value	
3		
(2)		c Offer Joseph
(3)		Other (Describe in Part XIII.)
(5)		Add lines 2a through 2d
(6)		
0		a Investment expenses not included on Form 990. Part VIII line 7b
(8)		
Total. (Column (b) must equal Form 990. Part X col. (B) line (3.)		Add lines 4a and 4b
Part X Other Assets.		Part XIII Supplemental Information.
Complete if the organization answered "yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	art IV, line 11d. See Form 990, Part X, line 15.	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
(1)		any and the provide any and any and the provide any administration.
(2)		
(4)		
(5)		
(6)		
7		
(8)		
5		
Complete if the organization answered "Ves" on Form 990 D.	of IV line 110 or 146 Con Form con Dot V	
line 25:	artiv, line Tie of Tit. See Form 990, Part X,	
1. (a) Description of fiability	(b) Book value	
(2) Due to Designated Agencies	50 132	
	51,001	
(4)		
0		
9		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	103,175	
 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 flability for uncertain tax positions under FASB ASC 740. Check here if the text of the frontole has been provided in Bod XIII. 	nization's financial statements that reports the	
organization's rading (or uncertain tax positions under FASB ASC 740, Check here if the text of the footnote has been provided in Part XIII DAA Cohortel	of the footnote has been provided in Part XIII	Sched
DAA	Schedule D (Form 990) 2022	DAA

1,551,250

1,551,250

1,551,250

1,581,611

1,581,611

1,581,611

Page 4

BARCOUUNI 11/03/2023 2 02 PM

SCHEDULE I (Form 990)

Schedule D (Form

990)

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.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization 38-6062803 Barry County United Way General Information on Grants and Assistance Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantess' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (Iscak, FMV, appraisal, other) (b) EIN (c) IRC (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (a) Name and address of organization or government grant noncash assistance noncash assistance or assistance (1) 4-H/MSU Extension Youth 4-H Activities 121 S. Church St. MI 49058 38-6004836 21,021 Hastings (2) Family Support Center Education & Bedding 231 S. Broadway 53,515 Hastings MI 49058 38-2311678 (3) Barry County Substance Abuse & Men Education 500 Barfield Dr. 19,128 Hastings MI 49058 30-0001449 (4) C.A.S.A. Train Volunteers 1045 Independence Blvd 36-3408893 7,576 Charlotte (5) Commission on Aging In Home Services 320 W. Woodlawn Ave. 38-6004836 19,483 Hastings MI 49058 (6) Fresh Food Initiative Program Support 231 S. Broadway MI 49058 19,600 Hastings (7) Grants to organizations < \$5,000 Program Support 12-3456789 127,370 (8) Green Gables Operating Expenses PO Box 388 MT 49058 38-3643202 62,628 Hastings (9) Habitat for Humanity Constuction Material 1215 N. Broadway Suite A

MI 49058

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

38-2885664

▶ 10

Hastings

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Attach to Form 990. Open to Public Department of the Treasury Informal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number Barry County United Way 38-6062803 General Information on Grants and Assistance 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, No Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant or government granl noncash assistance noncash assistance (if applicable) or assistance (1) Thornapple Parks & Rec PO Box 459 Youth Rec Activities Middleville MI 49333 38-3537093 11,493 (2) YMCA of Barry County PO Box 252 Youth Rec Activities Hastings MI 49058 38-1358059 87,703 (3) (4) (5) (6) (7) (8) 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2022) BARCOUUNI 11/03/2023 2:02 PM Schedule I (Form 990) (2022) Barry County United Way 38-6062803 Page 2 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 (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance 1 Foreclosure/Utility 266,211 2 Covid-19 274,876 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE L (Form 990)

BARCOUUNI 11/03/2023 2:02 PM

(1)
(2)
(3)
(4)
(4)
(5)
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(7)
(7)
(9)
(9)
(10)
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Name of the organization Total Part III 2000000 Parti (9) (8) 3 (6) (5) (4) (3) Part # under section 4958
Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Enter the amount of tax incurred by the organization managers or disqualified persons during the year 38-662803

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. organization reported an amount on Form 990, Part X, line 5, 6, or 22, 4) Marine of information person (b) Relationship (c) Purpose of (d) to organization (loan to organization) Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the (a) Name of disqualified person Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 980, Part IV, line 27. Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV. line 25a, 25b, 26, 27,
25a, 25b, or 25c, or Form 990-EZ, Part V, line 35a or 40b.
Attach to Form 990-EZ
Go to www.irs.gov/Form990 for instructions and the latest information. (b) Relationship between interested person and the organization (b) Relationship between disqualified person and (d) Later to or from the org.? To From (c) Amount of assistance (e) Origural principal amount (d) Type of assistance Employer identification (g) in default? Yes No Yes No Yes No Schedule L (Form 990) 2022 (e) Purpose of assistance (h) Approved (ii) Written by board or egreement?

Business Transactions Involving Interested Persons. Complete if the organization answered "res" on Form 990, Patit IV, line 2 (b) Name of interested person (f) Dave DeRaan (f) Dave DeRaan (f) Dave DeRaan (g)	28a, 28b, or 28c. (c) Amount of transaction	284, 28
	3 0	3 0

Schedule L (Form 990) 2022

(Form 990) SCHEDULE O

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.

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

Open to Public Inspection 2022

OMB No. 1545-0047

38-6062803

Form 990 ī Additional Information

Barry County United Way

iame of the organizati

artment of the Treasury

Schedule L Part 뉟

990, Part III, Line 4a First Accomplishment

of Barry County communities we have completed the following during To accomplish our mission to improve lives by mobilizing the caring power

2022/2023 fiscal year:

find support and maintain independence families to achieve well being and success, and assisting seniors adults - Provided funding to 34 programs that were accessed over 50,809 times their full potential, addressing urgent and emerging needs, supporting residents of Barry County in four funding areas: Helping youth achieve γď

to clients through housing and utility state grants as well as the Veterans - The Barry Copunty United Way was also able to provide direct assistance Affairs office for our community

County United Way to impact the community in many ways including: Partnerships with other businesses and not for profits enable Barry

Ten fire departments installed 184 free smoke and carbon monoxide

279 children were able to shop for backpacks and school supplies

34 families received education and installation of car seats

612 Veterans were provided with assistance

365 children received Christmas presents

H

849 households accessed 211 services within the program

-- 1,228 households accessed assistance for taxes through the Volunteer in For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

3ARCOUUNI 11/03/2023 2:02 PM

Schedule O (Form 990) 2022 Name of the organization Barry County United Way Employer identification number

38-6062803

Tax Assistance program

-- 410 families accessed assistance for housing and utilities

25,455 times residents accessed the Fresh Food Initiative

review, comments and questions electronic copy of the complete 990 e-mailed to all board members for their Draft of 990 reviewed by Executive Director and Treasurer, then an Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

meeting should reflect the abstention from voting. not vote or use his/her influence on the matter. matter under consideration by BCUW shall disclose that situation and should Board, committee or staff members having an anticipated conflict on any BCUW in which a Board, committee or staff member retains an interest. current Board participation, other BCUW and any for profit ventures used anticipated or possible conflict situations. Interest Survey with BCUW's Executive Director, disclosing therein Directors, committee and staff members shall annually file a Conflict Form 990, Part VI, Line 12c Enforcement of Conflicts Policy This list shall include The minutes of yns of, Any Уď

to set compensation, but also looks at other non-profit compensation, A written evaluation of the Executive Director shall be review and approval. committee reviews the evaluations opportunity Form 990, Part VI, Line 15a - Compensation Process for Top Official Ьe related to performance expectations. The entire Board to complete an evaluation. The executive committee uses not only the evaluations and set compensation A six person executive for full made annually and the using

1 of 2 Schedule 0 (Form 990) 2022

Form 4562

Employer identification number 38-6062803

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

> OMB No. 1545-0172 2022

nt of the Treasury Go to www.irs.gov/Form4562 for instructions and the latest information.

Barry County United Way

38-6062803

Sequence No.

Indirect Depreciation
Part: Election To Expense C or activity to which this form relates

Maximum amount (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) Total cost of section 179 property placed in service (see instructions) Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1,080,000 2,700,000

Collar limitation for tax year. Subtract line 4 from line 1. If zero or tess, order -0 - If married fling separately, see instructions

Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-

13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Property subject to section 168(f)(1) election Special depreciation allowance for qualified property (other than listed property) placed in service Business income limitation, Enter the smaller of business income (not less than zero) or line 5. See instructions Carryover of disallowed deduction from line 13 of your 2021 Form 4562 Listed property. Enter the amount from line 29 during the tax year. See instructions Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11 Tentative deduction, Enter the smaller of line 5 or line 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) (b) Cost (business use only) (c) Elected cost 12 6 5 4 10 4,075

Documents available to the public upon request

Form 990, Part VI, Line 19 -

Governing Documents Disclosure Explanation

Association report is utilized to set compensation

Compensation for all employees is reviewed.

The Michigan Nonprofit

990, Part VI, Line 15b - Compensation Process for Officers

Form

MACRS deductions for assets placed in service in tax years beginning before 2022 MACRS Depreciation (Don't include listed property. See instructions.)

Section A 17

20a Class life b 12-year Part IV Summary (See instructions.) c 30-year h Residential rental g 25-year property d 10-year property d 40-year f 20-year property e 15-year property Nonresidential real 3-year property
5-year property
7-year property If you are cleating its gloup any assets placed in service during the fax year this one or mind general asset secondars, shed in the General Depreciation System Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System. (a) Classification of property Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System (b) Month and year placed in (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 30 yrs. 40 yrs. 12 yrs. (e) Convention M M M M Z Z (I) Method 2 2 S S/L 2 2 2 2 (g) Depreciation 1,850

For Paperwork Reduction Act Notice, see separate instructions. portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter the

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and 8 corporations—see instructions....

Page

2 of 2

23

22

Listed property. Enter amount from line 28.

Schedule 0 (Form 990) 2022

There are no amounts for Page 2

21

22

YE: 3/31/2023	8-6062803	ARCOUUNI Barry County United Way
Form 990, Page 1	Federal Asset Report	Way

5,925 0 0 5,925	60,157	200.0	122,665 0 0 122,665	122,665 0 0 0 122,665	ĬĬ	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals
4,075	59,232		94,912	94,912	tion	Total ACRS and Other Depreciation
0 0 0 0 0 0 0 0 0 718 1,518 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,255 3,055 1,265 1,265 1,065 1,095 1,095 1,239 7,237 15,177 15,1	MO S/L MO S/L	3,035 3,055 6,995 1,065 2,106 2,393 14,355 3,035 3,555 8,555 1,712 1,713 1,711 13,071 94,912	2,351 3,055 6,995 1,006 1,006 1,006 1,393 14,393 14,393 3,53	0.025/66 90.27/07 8/16/07 8/16/07 8/16/07 8/16/07 8/16/07 8/16/07 8/16/07 8/16/07 3/16/12 5/17	7 Computers 8 New Copy Machine 9 New Computer 10 Software 11 Deek 14 New Computers 14 Leasehold Improvements 14 Leasehold Improvement 16 Leasehold Improvement 17 Projector 18 Dell Computer 18 Dell Computer 20 Computer Software 21 Computer Software 21 Furniture for Conference Room 23 Furniture for Conference Room
1,850	925 925 2,499	TVS OW 01	27,753 27,753 27,753	27,753 27,753 27,753 2,499	12/30/21	08:
Current	Prior	PerConv Meth	Basis Bonus for Depr	Cost 8us Sec % 179	Date In Service	Asset Description
:01 PM	11/03/2023 2:01 PM	11/0	eport	^{Way} Federal Asset Report Form 990, Page 1	Feder For	BARCOUUŃI Barry County United Way 38-6062803 Fec FYE: 3/31/2023

BARCOUUNI Barry County United Way
38-6062803

Depreciation Adjustment Report
FYE: 3/31/2023

All Business Activities

11/03/2023 2:01 PM

Description Ta Tax AMT

AMT Adjustments/ Preferences

Form Unit Asset

		Form 990, Page 1	FYE: 3/31/2023
: 3/37/24	FYE	Future Depreciation Report FYE: 3/31/24	38-6062803
11/03/2023 2:01 PM	1	County United Way	BARCOUUNI Barr

Asset Prior MACRS: Other Depreciation: 22 Carpeting 6 8 9 9 110 111 112 113 114 116 117 118 119 220 220 221 221 223 Desk Set
Computers
New Copy Machine
New Copy Machine
New Computer
Software
Desk
4 New Computers
Leasehold Improvements
Leasehold Improvement
Dest Computer
Uestehold Improvement
Folector
Poll Computer
Website
Computer Software
Co **Grand Totals Total ACRS and Other Depreciation** Service 1/18/07 10/25/06 9/27/07 8/16/07 8/16/07 3/10/11 4/14/10 2/24/11 2/29/12 3/22/12 5/31/12 5/31/12 5/31/12 5/31/12 5/31/18 8/25/22 Cost 122,665 94,912 27,753 27,753 Tax 1,851 6,701 718 1,518 0 0 0 1,518 1,518 AMT

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		Ot	hei	Inf	orn	nat	lon							Ex	ре	n	6 8	8								Re	v e	nı	1 6					B 6		
23 Number of solution	32. Number of employees	31. Number of indep	30. Number of votin	29. Retained earnings	28. Total liabilities	27. Total assets	26. Total excludable revenue	25. Total unrelated revenue	24. Total exempt revenue			21. Other expenses	20 Depreciation and Depletion	19. Occupancy, rem	18. Other professional fees	17 Onforcional fun	M6 Salaries other o	15 Compensation of officers, direct	14 Renefits paid to		12. Total revenue.	11. Other revenue	10. Net gain or (loss	9. Net income or (I	8. Net income or (I	7. Net gain or (loss	6. Proceeds from tax exempt bonds	5. Investment income				1. Contributions, gifts, grants		Barry Count		Form 990
TOTAL STREET,	oyees	31. Number of independent voting members of governing body	30. Number of voting members of governing body	G			revenue	revenue	venue	Excess or (Deficit). Subtract line 22 from line 12	Total expenses. Add lines 13 through 21		d Depletion	Occupancy, rent, utilities, and maintenance	tal fees	district food	Salaries other compensation and employee benefits	Compensation of officers, directors, trustees, etc.	or for members	ar amounts paid	Total revenue. Add lines 1 through 11		Net gain or (loss) on sales of inventory	Net income or (loss) from gaming	Net income or (loss) from fundraising events	7. Net gain or (loss) from sale of assets other than inventory	ax exempt bonds	me	revenue	Government contributions and grants	Membership dues and assessments	fts, grants		Barry County United Way		For calendar year 2022, or tax year beginning
22	32	31.	30.	29.	28.	27	26.	25.	24.	23.	222	21.	20.	19.	18.	17	6	1 5	14	13	12	<u> </u>	10.	9.	8	7.	6	Çn	4	3.	2	1.			1	ning
822	8	31	31	1,965,388	126,624	2,092,012	4,549	1	2,957,984	558,668	2,399,316	53,157	3,503	16,237	4,750		461,893			1,859,776	2,957,984							4,549		2,237,779		715,656	2021			ax year beginning 04/01/22 ending
1347	9	32	32	1,995,749	123,864		4,324		1,581,611	30,361	1,551,250	46,360	5,924	17,855	9,000		480,232			991,879	1,581,611							4,324		770,428		806,859	2022	38-6	0.000	ling 03/31/23
				30,361	-2	112	3		-1,376,373	-528		-6	2,421		4,250		18,339			-867,897	-1,376,							-225		-1,467,351		91,203	Differences	38-6062803	Taxpaver Identification Number	2767 @ 1707

Form 990 Tax Return History 2022

Name
Barry County United Way Employer Identification Number 38-6062803

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,140,979	1,073,843	1,479,950	2,953,435	1,577,287	- SKAR
Membership dues						
Program service revenue						
Capital gain or loss						
nvestment income	5,212	11,963	12,567	4,549	4,324	
undraising revenue (income/loss)					-,	
Baming revenue (income/loss)						
Other revenue						
Total revenue	1,146,191	1,085,806	1,492,517	2,957,984	1,581,611	
Grants and similar amounts paid	637,938	619,908	779,706	1,859,776	991,879	
Benefits paid to or for members				2,555,110	222,012	
Compensation of officers, etc.						
Olher compensation	316,368	338,127	394,814	461,893	480,232	
Professional fees	4,300	4,400	4,550	4,750	9,000	
Occupancy costs	13,241	15,833	18,546	16,237	17,855	
Depreciation and depletion	4,610	4,611	4,187	3,503	5,924	
Other expenses	54,831	51,679	40,584	53,157	46,360	
Total expenses	1,031,288	1,034,558	1,242,387	2,399,316	1,551,250	
Excess or (Deficit)	114,903	51,248	250,130	558,668	30,361	
		/		333,000	20,201	
Total exempt revenue	1,146,191	1,085,806	1,492,517	2,957,984	1,581,611	
Total unrelated revenue			-11041	2/20//304	T120T10TT	_
otal excludable revenue	5,212	11,963	12,567	4,549	4,324	
Total Assets	1,210,929	1,304,420	1,534,707	2,092,012	2,119,613	
Total Liabilities	105,587	147,829	127,987	126,624	123,864	
Vel Fund Balances	1,105,342	1,156,591	1,406,720	1,965,388	1,995,749	

Total	Description	BARCOUUNI Barry Co 38-6062803 FYE: 3/31/2023
\$ 4,324 \$ 4,324	n Unrelated Exclusion Postal Acquired after US Amount Business Code Code 6/30/75 Obs (\$ or %)	BARCOUUNI Barry County United Way 38-6062803 Federal Statements FYE: 3/31/2023

BARCOUUNI Barry County United Way

38-6062803 FYE: 3/31/2023

Federal Statements

11/3/2023 2:01 PM

Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	Program Service	agement & Seneral	Fund Raising
Postage and Printing	\$	2,688	\$ 1,344	\$ 1,344	\$
Office Supplies		2,546	1,273	993	280
Travel		594	291	238	65
Credit Card Charges		495	248	193	54
Miscellaneous		171	87	65	19
Computer Supplies		137	69	53	15
Bank Charges		48	24	19	5
Total	\$	6,679	\$ 3,336	\$ 2,905	\$ 438

BARCOUUNI Barry County United Way 38-6062803 FYE: 3/31/2023 Federal Sta	11/3/2023 2:01 PM atements
Schedule A, Par	rt II, Line 1(e)
Description	Amount
Grant income Campaign Pledges Volunteer Center	\$ 770,428 803,643 3,216
Total	\$ 1,577,287
Schedule A, Par	rt II, Line 8(e)
Description	Amount
Interest	\$\$
Total	\$ 4,324