

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2022 Open to Public Inspection

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

Go to [www.irs.gov/form990](https://www.irs.gov/form990) for instructions and the latest information.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Improving lives by mobilizing the caring power of Barry County communities.

Header information including organization name, address, and contact details.

Part I Website: www.bcnlitedway.org

Part II Summary: Improving lives by mobilizing the caring power of Barry County communities.

Part III Revenue: Contributions and grants, program service revenue, investment income, etc.

Part IV Expenses: Salaries, other compensation, employee benefits, fundraising expenses, etc.

Part V Net Assets or Fund Balances: Total assets, total liabilities, net assets.

Part VI Signature Block: Signature of officer, Signature of preparer.

Part VII Other information: Other program services, total program service expenses.

Part VIII Other information: Other program services, total program service expenses.

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 04/01/22 and ending 03/31/23

Barry County United Way 38-6062803

Net Asset / Fund Balance at Beginning of Year 1,965,388

Revenue	1,577,287	
Contributions		
Program service revenue		
Investment income	4,324	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income	0	
Other income		
Total revenue	1,581,611	
Expenses		
Program services	1,417,695	
Management and general	77,527	
Fundraising	56,028	
Total expenses	1,551,250	
Excess / (deficit)		30,361
Changes		
Net Asset / Fund Balance at End of Year		1,995,749

Reconciliation of Revenue		
Total revenue per financial statements	1,581,611	
Less:		
Unrealized gains		
Donated services		
Recoveries		
Other		
Plus:		
Investment expenses		
Other		
Total revenue per return	1,581,611	

Reconciliation of Expenses		
Total expenses per financial statements	1,551,250	
Less:		
Donated services		
Prior year adjustments		
Losses		
Other		
Plus:		
Investment expenses		
Other		
Total expenses per return	1,551,250	

Assets	Beginning	Ending	Differences
Liabilities	2,092,012	2,119,613	
Net assets	1,965,388	1,995,749	30,361

Miscellaneous Information  
Amended return  
Return / extended due date 02/15/24  
Failure to file penalty

Form 8879-TE IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 4/01, 2022, and ending 3/31, 2023  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name and title of officer or person subject to tax: Barry County United Way Executive Director Ian Forbes

Part I Type of Return and Return Information

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 8038-CP and Form 5330 filers may enter dollars and cents. For all other filers, enter whole dollars only. If you check the box on line 1a, 2a, 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, 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 applicable line below. Do not complete more than one line in Part I.			
1a	Form 990 check here	1b	1,581,611
2a	Form 990-EZ check here	2b	
3a	Form 1120-POL check here	3b	
4a	Form 990-PF check here	4b	
5a	Form 8868 check here	5b	
6a	Form 990-T check here	6b	
7a	Form 4720 check here	7b	
8a	Form 5227 check here	8b	
9a	Form 5330 check here	9b	
10a	Form 8038-CP check here	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 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 acknowledgment of receipt or reason for rejection of the transmission, (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 (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this 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 1-888-555-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only ☒ I authorize Walker, Fluke & Sheldon, PLLC to enter my PIN 38606 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(ies) regarding charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication  
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. \*\*\*\*\*  
Do not enter all zeros

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 signature Date 11/04/23

ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So  
Form 8879-TE (2022)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

1a Enter the number reported in box 3 of Form 1066. Enter -0- if not applicable	<b>1a</b> <b>70</b>	<b>Yes</b>	<b>No</b>
b Enter the number of Forms W-2-G included on line 1a. Enter -0- if not applicable	<b>1b</b> <b>0</b>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> <b>X</b>		



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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
  - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.
- ☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2, 1099-MISC)	(E) Reportable compensation from related organizations (W-2, 1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Iani Forbes	40.00				
Executive Director	0.00	X	109,462	0	0
(2) Dale Boulter	0.25				
Director	0.00	X	0	0	0
(3) Michael Brown	0.25				
Director	0.00	X	0	0	0
(4) Patrick Buckland	0.25				
Director	0.00	X	0	0	0
(5) Deb Button	0.25				
Director	0.00	X	0	0	0
(6) Amy Byers	0.25				
Director	0.00	X	0	0	0
(7) Cort Collison	0.25				
Director	0.00	X	0	0	0
(8) Michelle Duits	0.25				
Director	0.00	X	0	0	0
(9) Rich Franklin	0.25				
Director	0.00	X	0	0	0
(10) Catherine Getty	0.25				
Director	0.00	X	0	0	0
(11) Jan Hartough	0.25				
Director	0.00	X	0	0	0

Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
  - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.
- ☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2, 1099-MISC)	(E) Reportable compensation from related organizations (W-2, 1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) David Hatfield	0.25				
Director	0.00	X	0	0	0
(13) Jeff Helms	0.25				
Director	0.00	X	0	0	0
(14) Bernie Jore	0.25				
Director	0.00	X	0	0	0
(15) Mark Kolanowski	0.25				
Director	0.00	X	0	0	0
(16) Herman Iartigue	0.25				
Director	0.00	X	0	0	0
(17) Lynn McConnell	0.25				
Director	0.00	X	0	0	0
(18) Matt Palmer	0.25				
Director	0.00	X	0	0	0
(19) Justin Peck	0.25				
Director	0.00	X	0	0	0
Subtotal			109,462	0	0
Total from continuation sheets to Part VII, Section A			109,462		
Total (add lines 1b and 1c)			109,462		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		1			

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt fundraising revenue	(C) Unrelated business revenue	(D) Reported unrelated revenue from tax under sections 512-514
1a	Federated campaigns				
b	Membership dues				
c	Fundraising events				
d	Related organizations				
e	Government grants (contributions)				
f	All other contributions, gifts, grants, and similar amounts not included above				
g	Noncash contributions included in lines 1a-f				
h	Total. Add lines 1a-1f	1,577,287			
Program Service Revenue					
2a					
b					
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest, and other similar amounts)				
4	Income from investment of tax-exempt bond proceeds	4,324			4,324
5	Royalties				
6a	Gross rents				
b	Less: rental expenses				
c	Rentals net of (less)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory				
b	Less: cost or other basis and sales exps				
c	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including sales of contributions reported on line 1c). See Part IV, line 18				
b	Less: direct expenses				
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19				
b	Less: direct expenses				
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances				
b	Less: cost of goods sold				
c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue					
11a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d	1,581,611	0	0	4,324
Form 990 (2022)					

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	450,792	450,792		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	541,087	541,087		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4580(c)(2)(B)				
7	Other salaries and wages	389,349	311,478	38,936	38,935
8	Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions)	24,173	19,338	2,417	2,418
9	Other employee benefits	36,108	28,887	3,610	3,611
10	Payroll taxes	30,602	24,481	3,061	3,060
11	Fees for services (nonemployees):				
a	Management				
b	Legal	9,000	4,500	3,510	990
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,240	1,792		448
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	17,855	10,383	5,318	2,154
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,774	2,097	445	232
20	Interest				
21	Payments to affiliates	9,852		9,852	
22	Depreciation, depletion, and amortization	5,924		5,924	
23	Insurance				
24	Other expenses. (Itemize expenses not covered above. List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Other Special Events	10,881	10,881		
b	Dues and Subscriptions	5,710	2,875	982	1,853
c	Campaign Expenses	4,445	2,934		1,511
d	Telephone	3,779	2,834	567	378
e	All other expenses	6,679	3,336	2,905	438
25	Total functional expenses. Add lines 1 through 24e	1,551,250	1,417,695	77,527	56,028
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				
Form 990 (2022)					

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
1	Cash—non-interest-bearing		1		
2	Savings and temporary cash investments		2		
3	Pledges and grants receivable, net	1,708,051	3	1,912,774	
4	Accounts receivable, net	334,525	4	150,257	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B))		6		
7	Notes and loans receivable, net		7		
8	Inventories for sale or use		8		
9	Prepaid expenses and deferred charges		9		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	122,664	10c	56,582	
b	Less: accumulated depreciation	49,436			
11	Investments—publicly traded securities		11		
12	Investments—other securities. See Part IV, line 11		12		
13	Investments—program-related. See Part IV, line 11		13		
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets. Add lines 1 through 15 (must equal line 33)</b>	2,092,012	16	2,119,613	
17	Accounts payable and accrued expenses	21,157	17	20,689	
18	Grants payable		18		
19	Deferred revenue		19		
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
22	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		
23	Secured mortgages and notes payable to unrelated third parties		23		
24	Unsecured notes and loans payable to unrelated third parties		24		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				
26	<b>Total liabilities. Add lines 17 through 25 and complete lines 27, 28, 32, and 33.</b>	105,467	26	103,175	
27	Net assets without donor restrictions	1,540,710	27	1,593,653	
28	Net assets with donor restrictions	424,678	28	402,096	
29	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		29		
30	Capital stock or trust principal, or current funds		30		
31	Paid-in or capital surplus, or land, building, or equipment fund		31		
32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	1,965,388	33	1,995,749	
33	<b>Total liabilities and net assets/fund balances</b>	2,092,012	33	2,119,613	

Form 990 (2022)

DAA

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1,581,611
2	Total expenses (must equal Part IX, column (A), line 25)	1,551,250
3	Revenue less expenses. Subtract line 2 from line 1	30,361
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,965,388
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	1,995,749

**Part XII Financial Statements and Reporting**

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

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	X

Form 990 (2022)

DAA

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

(A) Name and title	(B) Average per week hours (list any other organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Institutional trustee Officer Key employee Highest compensated employee Former	(D) Reportable compensation from the organization (W-2 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation received from the organization and related organizations
(20) Sara Price Director	0.25 0.00	X	0	0	0
(21) Bill Rohr Director	0.25 0.00	X	0	0	0
(22) Mike Schipper Director	0.25 0.00	X	0	0	0
(23) Carl Schoessel Director	0.25 0.00	X	0	0	0
(24) Rebecca Tagg Director	0.25 0.00	X	0	0	0
(25) Emily Wasolaskus Director	0.25 0.00	X	0	0	0
(26) Linda Watson Director	0.25 0.00	X	0	0	0
(27) Carrie Wilgus Director	0.25 0.00	X	0	0	0
Director	0.00	X	0	0	0
1b Subtotal					
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					

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	Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	
5 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	4	

Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

DATA

Form 990 (2022)

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

(A) Name and title	(B) Average per week hours (list any other organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Institutional trustee Officer Key employee Highest compensated employee Former	(D) Reportable compensation from the organization (W-2 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation received from the organization and related organizations
(28) Patty Woods Director	0.25 0.00	X	0	0	0
(29) Jenny Yonker Director	0.25 0.00	X	0	0	0
(30) Dave DeHaan Treasurer	0.25 0.00	X	0	0	0
(31) Matt Goebel President	0.25 0.00	X	0	0	0
(32) Brian McKeown Vice President	0.25 0.00	X	0	0	0
(33) Tammy Pennington Secretary	0.25 0.00	X	0	0	0
1b Subtotal					
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					

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	Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	
5 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	4	

Section B. Independent Contractors		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

944

Form 990 (2022)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/form990](http://www.irs.gov/form990) for instructions and the latest information.

Name of the organization: **Barry County United Way** Employer identification number: **38-6062803**

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

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

☐ 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

☐ 2 A school described in section 170(b)(1)(A)(ii). (Attach schedule E (Form 990).)

☐ 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

☐ 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.

☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

☒ 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

☐ 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

☐ 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.

☐ 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

☐ 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

☐ 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

☐ a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s). Typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

☐ b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

☐ c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

☐ d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

☐ f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (identified on lines 1-12 above (see instructions))	(iv) Is the organization listed in your governing documents?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes No		
(a)					
(b)					
(c)					
(d)					
(e)					
Total					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

DAA

BARCODE: 11032023 2:01 PM

Schedule A (Form 990) 2022

Barry County United Way

38-6062803

Page 2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,140,979	1,073,843	1,479,950	2,953,435	1,577,287	8,225,494
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,140,979	1,073,843	1,479,950	2,953,435	1,577,287	8,225,494
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						8,225,494

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,140,979	1,073,843	1,479,950	2,953,435	1,577,287	8,225,494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,212	11,963	12,567	4,549	4,324	38,615
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						8,264,109
12 Gross receipts from related activities, etc. (see instructions)						
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

14 Public support percentage for 2022 (line 6, column (f)) divided by line 11, column (f)	14	99.53%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.51%
16a 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 box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 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 this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

DAA

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9. Amounts from line 6						
10a. Gross income from interest, dividends, payments received on securities loans, gifts, royalties, and income from similar sources						
b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c. Add lines 10a and 10b						
11. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13. Total support. (Add lines 9, 10c, 11, and 12.)						
14. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

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

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

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

- 19a. 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b. 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (Continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

	Yes	No
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?	11a	11b
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

**Section B, Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

	Yes	No
1		
2		

**Section C, Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D, All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
2		
3		

**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).

	Yes	No
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

**Section A – Adjusted Net Income**

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

**Section B – Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI).		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

**Section C – Distributable Amount**

	1	2	3	4	5	6	7	8	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)									
2 Enter 0.85 of line 1									
3 Minimum asset amount for prior year (from Section B, line 8, column A)									
4 Enter greater of line 2 or line 3									
5 Income tax imposed in prior year									
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).									
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).									

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

Section D – Distributions

	1	2	3	4	5	6	7	8	9	10
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									
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.									
9	Distributable amount for 2022 from Section C, line 5									
10	Line 8 amount divided by line 9 amount									

Section E – Distribution Allocations (see instructions)

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

Schedule A (Form 990) 2022

**Part VI**

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

Schedule B (Form 990) Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047 2022

Name of the organization Barry County United Way Employer identification number 38-6062803

Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization

Form 990 or 990-EZ 501(c)(3) 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 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 990, 990-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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000; or (ii) 2% of the amount on (i) Form 990, Part VII, line 1h, or (ii) Form 990-EZ, line 1, Complete Parts I and II.

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 "N/A" in column (b) instead of the contributor name and address), II, and III.

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 received 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.

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Richard Groos 1760 S. Broadway Hastings MI 49058	\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
2	Cassie & Don Augustine 427 Prospect Ave Grand Rapids MI 49503	\$ 125,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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

1	Total number at end of year	(A) Donor advised funds	(B) Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply): <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of natural habitat <input type="checkbox"/> Preservation of a certified historic structure		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
a	Total number of conservation easements	2a	2b
b	Total acreage restricted by conservation easements	2c	2d
c	Number of conservation easements on a certified historic structure included in (a)		
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(n)(4)(B)(i) and section 170(n)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i)	Revenue included on Form 990, Part VIII, line 1	\$
(ii)	Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

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): <input type="checkbox"/> Public exhibition <input type="checkbox"/> Scholarly research <input type="checkbox"/> Preservation for future generations <input type="checkbox"/> Other	
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

1a	Beginning of year balance	(A) Current year	(B) Prior year	(C) Two years back	(D) Three years back	(E) Four years back
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
9	End of year balance					
2	Provide the estimated percentage of the current year end balance (line 19, column (a)) held as:					
a	Board designated or quasi-endowment	%				
b	Permanent endowment	%				
c	Term endowment	%				
3a	The percentages on lines 2a, 2b, and 2c should equal 100%.					
	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					
(i)	Unrelated organizations					
(ii)	Related organizations					
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?					
4	Describe in Part XIII the intended uses of the organization's endowment funds.					

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost at other basis (line 10a)	(b) Cost at other basis (line 10b)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment				
e	Other				
Total	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

Schedule D (Form 990) 2022

**Part VIII Investments – Other Securities.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Designated Agencies	52,174
(3) Unexpended Grant	51,001
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B), line 25.)	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

	1	1,581,611
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,581,611
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,581,611

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

	1	1,551,250
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Prior year adjustments	2a	
b Other losses	2b	
c Other (Describe in Part XIII)	2c	
d Add lines 2a through 2d	2d	
3 Subtract line 2e from line 1	3	1,551,250
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,551,250

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

Schedule D (Form 990) 2022

**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.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Barry County United Way**

Employer identification number  
**38-6062803**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	4-H/MSU Extension 121 S. Church St. Hastings MI 49058	38-6004836		21,021				Youth 4-H Activities
(2)	Family Support Center 231 S. Broadway Hastings MI 49058	38-2311678		53,515				Education & Bedding
(3)	Barry County Substance Abuse & Ment 500 Barfield Dr. Hastings MI 49058	30-0001449		19,128				Education
(4)	C.A.S.A. 1045 Independence Blvd. Charlotte MI 48813	36-3408893		7,576				Train Volunteers
(5)	Commission on Aging 320 W. Woodlawn Ave. Hastings MI 49058	38-6004836		19,483				In Home Services
(6)	Fresh Food Initiative 231 S. Broadway Hastings MI 49058			19,600				Program Support
(7)	Grants to organizations < \$5,000	12-3456789		127,370				Program Support
(8)	Green Gables PO Box 388 Hastings MI 49058	38-3643202		62,628				Operating Expenses
(9)	Habitat for Humanity 1215 N. Broadway Suite A Hastings MI 49058	38-2885664		17,860				Constuction Material

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

10

**3** Enter total number of other organizations listed in the line 1 table

0

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

Schedule I (Form 990) (2022)

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2022**Open to Public  
Inspection**Barry County United Way**Employer identification number  
**38-6062803****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Thornapple Parks & Rec PO Box 459 Middleville MI 49333	38-3537093		11,493				Youth Rec Activities
(2)	YMCA of Barry County PO Box 252 Hastings MI 49058	38-1358059		87,703				Youth Rec Activities
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

**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 tableFor Paperwork Reduction Act Notice, see the Instructions for Form 990.  
DAA

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

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	Foreclosure/Utility		266,211			
2	Covid-19		274,876			
3						
4						
5						
6						
7						

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

Schedule I (Form 990) (2022)

DAA

**SCHEDULE L**  
**(Form 990)**

## Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27

Attach to Form 990 or Form 990-EZ

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Go to** [www.pearsoncmg.com](#)

..... *Journal of the American Statistical Association* 95(451):1039-1052

OMB No. 1545-0047

2022

Barry County United Way

**Part I**  
**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.

↑	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Director?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part #	Loans to and/or From Interested Persons
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

### Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

	(a) Name of insured person	(b) Relationship between insured person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 Barry County United Way

38-606280

Page 2

## Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	990 & monthly E/s	
				Yes	No
(1) Dave DeHaan	Treasurer				X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Appendix

**Provide additional information for responses to questions on Schedule L (see instructions)**

DAV

Schedule L (Form 990) 2022

**SCHEDULE O  
(Form 990)****Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceName of the organization  
**Barry County United Way**Employer identification number  
**38-6062803****Form 990 - Additional Information****Schedule L Part IV****Form 990, Part III, line 4a - First Accomplishment**

To accomplish our mission to improve lives by mobilizing the caring power of Barry County communities we have completed the following during 2022/2023 fiscal year:

- Provided funding to 34 programs that were accessed over 50,809 times by residents of Barry County in four funding areas: Helping youth achieve their full potential, addressing urgent and emerging needs, supporting families to achieve well being and success, and assisting seniors adults find support and maintain independence.
- The Barry Copunty United Way was also able to provide direct assistance to clients through housing and utility state grants as well as the Veterans Affairs office for our community.
- Partnerships with other businesses and not for profits enable Barry County United Way to impact the community in many ways including:
  - Ten fire departments installed 184 free smoke and carbon monoxide detectors
  - 279 children were able to shop for backpacks and school supplies
  - 34 families received education and installation of car seats
  - 365 children received Christmas presents
  - 612 Veterans were provided with assistance
  - 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

DMA

**Schedule O (Form 990) 2022**

Name of the organization

**Barry County United Way**Employer identification number  
**38-6062803**

Page 2

**Tax Assistance program**

- 410 families accessed assistance for housing and utilities.
- 25,455 times residents accessed the Fresh Food Initiative.

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

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

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

Page 1 of 2

Schedule O (Form 990) 2022

DMA

a report by Michigan Nonprofit Association.

Form 990, Part VI, line 15b - Compensation Process for Officers

Compensation for all employees is reviewed. The Michigan Nonprofit

Association report is utilized to set compensation.

Form 990, Part VI, line 19 - Governing Documents Disclosure Explanation

Documents available to the public upon request

Barry County United Way

Identifying number  
38-6062803

Business or activity to which this form relates  
Indirect Depreciation

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Maximum amount (see instructions)	1,080,000											
Total cost of section 179 property placed in service (see instructions)		2,700,000										
Threshold cost of section 179 property before reduction in limitation (see instructions)												
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-												
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.												
(a) Description of property	(b) Cost (business use only)	(c) Elected cost										
Listed property. Enter the amount from line 29												
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7												
Tentative deduction. Enter the smaller of line 5 or line 8												
Carryover of disallowed deduction from line 13 of your 2021 Form 4562												
Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions												
Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11												
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.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14
Property subject to section 168(f)(1) election	15
Other depreciation (including ACRS)	16
MACRS Depreciation (Don't include listed property. See instructions.)	4,075

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

MACRS deductions for assets placed in service in tax years beginning before 2022	17	1,850
--	----	-------

Section B Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	20b	20c	20d	20e	20f	20g	20h	20i	20j
Class life	12-year	30-year	40-year						
12-yr.									
30-yr.									
40-yr.									

Part IV Summary (See instructions.)

Listed property. Enter amount from line 28	21	
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions.	22	5,925
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 453A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
There are no assets that meet the criteria of this report						

Future Depreciation Report FYE: 3/31/24

Asset	Description	Date in Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
22	Carpeting	12/30/21	27,753	1,851	0
			27,753	1,851	0
<b>Other Depreciation:</b>					
6	Desk Set	1/18/07	2,499	0	0
7	Computers	10/25/06	2,351	0	0
8	New Copy Machine	9/27/07	3,055	0	0
9	New Computer	8/16/07	1,265	0	0
10	Software	3/10/11	6,995	0	0
11	Desk	4/14/10	1,006	0	0
12	4 New Computers	2/24/11	2,393	0	0
13	Leasehold Improvements	2/29/12	14,355	718	0
14	Leasehold Improvements	3/22/12	30,353	1,518	0
15	Leasehold Improvement	5/17/12	5,538	0	0
16	Projector	5/17/12	1,276	0	0
17	Dell Computer	7/26/12	898	0	0
18	Website	3/06/13	2,330	0	0
19	Computer Software	1/17/18	5,795	0	0
20	Computer for Conference Room	3/01/18	1,712	0	0
21		8/25/22	13,071	2,614	0
23			94,912	4,830	0
<b>Total Other Depreciation</b>					
			94,912	4,830	0
<b>Total ACRS and Other Depreciation</b>					
			122,665	6,701	0
<b>Grand Totals</b>					

Barry County United Way	2021	2022	Differences
<b>Revenue</b>			
1. Contributions, gifts, grants	715,656	806,859	91,203
2. Membership dues and assessments	2,237,779	770,428	-1,467,351
3. Government contributions and grants			
4. Program service revenue	4,549	4,324	-225
5. Investment income			
6. Proceeds from tax exempt bonds			
7. Net gain or (loss) from sale of assets other than inventory			
8. Net income or (loss) from fundraising events			
9. Net income or (loss) from gaming			
10. Net gain or (loss) on sales of inventory			
11. Other revenue			
12. Total revenue. Add lines 1 through 11	2,957,984	1,581,611	-1,376,373
13. Grants and similar amounts paid	1,859,776	991,879	-867,897
14. Benefits paid to or for members			
15. Compensation of officers, directors, trustees, etc.	461,893	480,232	18,339
16. Salaries, other compensation, and employee benefits			
17. Professional fundraising fees	4,750	9,000	4,250
18. Other professional fees	16,237	17,855	1,618
19. Occupancy, rent, utilities, and maintenance	3,503	5,924	2,421
20. Depreciation and Depletion	53,157	46,360	-6,797
21. Other expenses	2,399,316	1,551,250	-848,066
22. Total expenses. Add lines 13 through 21	558,668	30,361	-528,307
23. Excess or (Deficit). Subtract line 22 from line 12	2,957,984	1,581,611	-1,376,373
<b>Other Information</b>			
24. Total exempt revenue	4,549	4,324	-225
25. Total excludable revenue	2,092,012	2,119,613	27,601
26. Total assets	126,624	123,864	-2,760
27. Total liabilities	1,965,388	1,995,749	30,361
28. Total liabilities	31	32	
29. Number of independent voting members of governing body	31	32	
30. Number of independent voting members of governing body	8	9	
31. Number of employees	822	1347	
32. Number of volunteers			
33. Number of volunteers			



## Federal Statements

11/3/2023 2:01 PM

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

Description	Total Expenses	Program Service	Management & General	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

## Federal Statements

11/3/2023 2:01 PM

### Schedule A, Part II, Line 1(e)

Description	Amount
Grant income	\$ 770,428
Campaign Pledges	803,643
Volunteer Center	3,216
Total	\$ 1,577,287

### Schedule A, Part II, Line 8(e)

Description	Amount
Interest	\$ 4,324
Total	\$ 4,324