

Form 8879-TE

IRS e-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning SEP 1, 2021, and ending AUG 31, 2022

2021

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.EIN or SSN  
52-6016589Name and title of officer or person subject to tax PAMELA R. GREGORY  
CEO/PRESIDENT

## 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 forms, 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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,000,532.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	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

2021 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 acknowledgement 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 1-888-353-4537 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 ACCOUNTING STRATEGIES GROUP, LLC to enter my PIN 75996  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating 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.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 12/17/22

## 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.

52720049970

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 YnnakT Duhon CPA Date 11/29/22

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A** For the 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**UNITED WAY OF THE LOWER EASTERN SHORE, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**803 NORTH SALISBURY BLVD**

Room/suite

**2100**

City or town, state or province, country, and ZIP or foreign postal code

**SALISBURY, MD 21801****F** Name and address of principal officer: **PAMELA R. GREGORY****SAME AS C ABOVE****D** Employer identification number**52-6016589****E** Telephone number**410-742-5143****G** Gross receipts \$**2,152,554.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.UWLES.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1944** **M** State of legal domicile: **MD****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF THE LOWER EASTERN SHORE HARNESSSES THE POWER OF OUR COMMUNITY TO ADVANCE HEALTH,</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	1749
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,667,865.	Current Year 1,757,328.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,049.	135,417.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,444.	107,787.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,902,358.	2,000,532.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	665,160.	626,119.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	471,105.	522,496.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	319,170.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	384,262.	584,269.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,520,527.	1,732,884.
	19	Revenue less expenses. Subtract line 18 from line 12	381,831.	267,648.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,111,551.
21		Total liabilities (Part X, line 26)	471,215.	396,469.
22		Net assets or fund balances. Subtract line 21 from line 20	640,336.	905,576.

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer *Pamela R. Gregory* Date **12/13/2022**  
 ▶ **PAMELA R. GREGORY, CEO/PRESIDENT**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name **LISA K. DURHAM, CPA** Preparer's signature **LISA K. DURHAM, CPA** Date **12/13/22** Check if self-employed ☐ PTIN **P00749970**  
 Firm's name ▶ **ACCOUNTING STRATEGIES GROUP, LLC** Firm's EIN ▶ **26-3654652**  
 Firm's address ▶ **PO BOX 369**  
**PRESTON, MD 21655** Phone no. **410-673-1384**

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

☒ Yes ☐ No

132001 12-09-21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Form 990 (2021)

52-6016589 Page 2

**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

TO CONNECT LOCAL COMMUNITY MEMBERS IN DORCHESTER, SOMERSET, WICOMICO,  
AND WORCESTER COUNTIES WITH DIRECT AND PARTNER RESOURCES TO STRENGTHEN  
THE HEALTH, EDUCATION, AND FINANCIAL STABILITY FOR ALL NEIGHBORS.

2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 626,119. including grants of \$ 626,119. ) (Revenue \$ 135,417. )

COMMUNITY INVESTMENT: UNITED WAY OF THE LOWER EASTERN SHORE INVESTS  
CONTRIBUTIONS IN THREE IMPACT AREAS. 1) HELPING CHILDREN AND ADULTS  
SUCCEED IN LEARNING TO REACH THEIR POTENTIAL; 2) PROVIDING EMERGENCY  
AND CRISIS HELP AND SUPPORT FOR INDIVIDUALS AND FAMILIES TO ACHIEVE  
ECONOMIC SECURITY AND STABILITY; 3) IMPROVING ACCESS TO AND AWARENESS  
OF LOCAL HEALTH AND WELLNESS SERVICES TO EMPOWER AND SUPPORT ALL  
NEIGHBORS IN ACHIEVING BETTER HEALTH AND WELLNESS.

INTENSE STEWARDSHIP OF DONORS' DOLLARS IS PROVIDED TO ENSURE ALL  
CONTRIBUTIONS ARE DIRECTED TO LOCAL PROGRAMS SERVING THESE AREAS OF  
GREAT NEED IN THE COMMUNITY. THIS IS ACHIEVED EACH YEAR THROUGH A  
NETWORK OF COMMUNITY VOLUNTEERS SERVING ON THE COMMUNITY IMPACT

4b (Code: ) (Expenses \$ 660,720. including grants of \$ ) (Revenue \$ )

IN ADDITION TO FUNDING LOCAL PROGRAMS, THE UNITED WAY OF THE LOWER  
EASTERN SHORE PROVIDES DIRECT PROGRAMS, INCLUDING FOR 2021-2022:

THE IMAGINATION LIBRARY LITERACY PROGRAM FOR BIRTH-FIVE, INFORMATION &  
REFERRAL SERVICES, COLLEGIATE STUDENT UNITED WAY COMMUNITY SERVICE  
CLUBS, WELLNESS MADE EASY HEALTH LITERACY PROGRAM, READ TO SUCCEED  
READING SUPPORT PROGRAM FOR EARLY ELEMENTARY STUDENTS, JUMPSTART  
DEVELOPMENT SUPPORT PROGRAM FOR NON-PROFITS, WOMEN UNITED AND EMERGING  
LEADERS AFFINITY/VOLUNTEER GROUPS, NON-PROFIT TRAINING AND SUPPORT,  
ADDICTION AWARENESS YOUTH ART COMPETITION, AND THE MARYLAND ALICE  
REPORT.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,286,839.

Form 990 (2021)

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Form 990 (2021)

52-6016589 Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

**UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

Form 990 (2021)

52-6016589

Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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		X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**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 ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

52-6016589 Page **5**

Form 990 (2021)

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	11	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
<b>d</b> If "Yes," indicate the number of Forms 8822 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

Form 990 (2021)

52-6016589 Page **6**

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	32													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		32												
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3							X			
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4						X			
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						5					X			
<b>6</b> Did the organization have members or stockholders?							6				X			
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a				X		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b			X		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?										8a	X			
<b>b</b> Each committee with authority to act on behalf of the governing body?											8b	X		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MD**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **STEVEN FULKROD - 410-742-5143**  
**803 NORTH SALISBURY BLVD SUITE 2100, SALISBURY, MD 21801**



UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Form 990 (2021)

52-6016589 Page 7

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAMELA R GREGORY CEO/PRESIDENT (NONVOTING)	40.00 0.00	X		X				95,026.	0.	0.
(2) MICHELLE CANOPII CO VICE CHAIR WICOMICO COUNTY	1.00 0.00	X		X				0.	0.	0.
(3) MATTHEW CHANCE TREASURER/SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) MEMO DIRIKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(5) STEVE FARROW VICE CHAIR MESSAGING	1.00 0.00	X		X				0.	0.	0.
(6) KATHRYN FIDDLER DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) MICHAEL FRANKLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) JOHN GADDIS CO VICE CHAIR SOMERSET COUNTY	1.00 0.00	X		X				0.	0.	0.
(9) ROY GEISER DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) DONNA HAMLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) AMY HASSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) ANNETTE JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) CANDICE JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) SUSAN L JONES CO VICE CHAIR WORCESTER COUNTY	1.00 0.00	X		X				0.	0.	0.
(15) JENNIFER LAYTON CO VICE CHAIR DORCHESTER COUNTY	1.00 0.00	X		X				0.	0.	0.
(16) GUS LEBOIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JIM LIST EXECUTIVE VICE CHAIR	1.00 0.00	X		X				0.	0.	0.

132007 12-09-21

Form 990 (2021)



UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Form 990 (2021)

52-6016589 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY MENGASON DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) VICKI MIELE DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) ROBERT MOCK VICE CHAIR PERSONNEL	1.00 0.00	X		X				0.	0.	0.
(21) CORTNEY MONAR CO VICE CHAIR SOMERSET COUNTY	1.00 0.00	X		X				0.	0.	0.
(22) SHARON MORRIS CO VICE CHAIR WICOMICO COUNTY	1.00 0.00	X		X				0.	0.	0.
(23) BRYAN NEWTON IMMEDIATE PAST CHAIR	1.00 0.00	X		X				0.	0.	0.
(24) BETH REID DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) JESSE REID DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) LAURA RODRIGUEZ VICE CHAIR SPECIAL PROJECTS	1.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								95,026.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								95,026.	0.	0.

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 **0**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

52-6016589

## Part VI

[illegible]

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Form 990 (2021)

52-6016589 Page 9

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	22,494.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	390.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,734,444.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 140,556.			
	h Total. Add lines 1a-1f			1,757,328.			
	<b>Program Service Revenue</b>	2 a Business Code					
b							
c							
d							
e							
f		All other program service revenue					
g Total. Add lines 2a-2f							
<b>Other Revenue</b>		3	Investment income (including dividends, interest, and other similar amounts)		135,570.	135,570.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities 13,979.	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b	14,132.			
	c	Gain or (loss)	7c	-153.			
	d	Net gain or (loss)		-153.	-153.		
	8 a	Gross income from fundraising events (not including \$ 22,494. of contributions reported on line 1c). See Part IV, line 18	8a	245,677.			
	b	Less: direct expenses	8b	137,890.			
	c	Net income or (loss) from fundraising events		107,787.		107,787.	
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11 a Business Code						
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			2,000,532.	135,417.	0.	107,787.

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

52-6016589 Page 10

Form 990 (2021)

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	626,119.	626,119.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	458,440.	217,150.	76,060.	165,230.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,530.	2,605.	922.	2,003.
9 Other employee benefits	17,656.	8,155.	2,841.	6,660.
10 Payroll taxes	40,870.	19,255.	6,813.	14,802.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,000.		10,000.	
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 Sch O.)				
12 Advertising and promotion	10,889.	9,256.		1,633.
13 Office expenses	7,983.	5,951.	972.	1,060.
14 Information technology				
15 Royalties				
16 Occupancy	89,142.	41,695.	14,957.	32,490.
17 Travel	1,184.	274.	239.	671.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	561.	286.	58.	217.
20 Interest	984.		649.	335.
21 Payments to affiliates	23,429.	18,509.	1,640.	3,280.
22 Depreciation, depletion, and amortization	3,314.	2,320.	497.	497.
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 <b>PROGRAM EXPENSES</b>	268,308.	266,346.	981.	981.
b <b>CAMPAIGN EXPENSES</b>	72,059.	0.	0.	72,059.
c <b>EQUIPMENT RENTAL AND MA</b>	49,734.	25,615.	7,924.	16,195.
d <b>ANNUAL MEETING, DONOR A</b>	39,897.	39,897.	0.	0.
e All other expenses	6,785.	3,406.	2,322.	1,057.
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>1,732,884.</b>	<b>1,286,839.</b>	<b>126,875.</b>	<b>319,170.</b>
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 ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

132010 12-09-21

11

15461213 134341 75996.001

2021.05010 UNITED WAY OF THE LOWER E 75996.01

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Form 990 (2021)

52-6016589 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	439,167.	1	554,932.
	2 Savings and temporary cash investments	293,530.	2	310,602.
	3 Pledges and grants receivable, net	275,072.	3	255,068.
	4 Accounts receivable, net	30,557.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,833.	9	61,449.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	77,279.		
	10b Less: accumulated depreciation	70,201.	10c	7,078.
	11 Investments - publicly traded securities		11	112,916.
	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.</b> Add lines 1 through 15 (must equal line 33)	1,111,551.	16	1,302,045.	
Liabilities	17 Accounts payable and accrued expenses	54,600.	17	52,984.
	18 Grants payable	189,681.	18	204,541.
	19 Deferred revenue	226,934.	19	138,944.
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	471,215.	26	396,469.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	640,336.	27	905,576.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	640,336.	32	905,576.
33 <b>Total liabilities and net assets/fund balances</b>	1,111,551.	33	1,302,045.	

Form 990 (2021)

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Form 990 (2021)

52-6016589 Page 12

**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	2,000,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,732,884.
3	Revenue less expenses. Subtract line 2 from line 1	3	267,648.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	640,336.
5	Net unrealized gains (losses) on investments	5	-1,999.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-409.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	905,576.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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	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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Form 990 (2021)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Employer identification number  
52-6016589

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

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

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



**UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

Schedule A (Form 990) 2021

52-6016589 Page 2

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1975347.	1639184.	1985646.	1377321.	1757328.	8734826.
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 <b>Total.</b> Add lines 1 through 3 .....	1975347.	1639184.	1985646.	1377321.	1757328.	8734826.
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 <b>Public support.</b> Subtract line 5 from line 4.						8734826.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	1975347.	1639184.	1985646.	1377321.	1757328.	8734826.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	127,928.	129,236.	127,766.	129,049.	135,417.	649,396.
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 <b>Total support.</b> Add lines 7 through 10						9384222.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						▶ <input type="checkbox"/>

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	93.08 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	93.21 %
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 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.
- 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).
- 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.
  - 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.
  - 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.
- 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.
  - 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.
  - 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.
- 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).
- 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?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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).
- 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).
- 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**.
  - 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**.
  - 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**.
- 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.
  - 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

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

	Yes	No
11a		
11b		
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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	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).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ 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.
- 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.
- 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.
- 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.

	Yes	No
2a		
2b		
3a		
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

**UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

Schedule A (Form 990) 2021

52-6016589 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

COPY



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

Employer identification number  
**52-6016589**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
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).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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? .....

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(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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 .....

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

Schedule D (Form 990) 2021

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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 or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements		5,678.	2,677.	3,001.
1d Equipment		71,601.	67,524.	4,077.
1e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,078.

Schedule D (Form 990) 2021

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Schedule D (Form 990) 2021

52-6016589 Page 3

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(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 ☒

Schedule D (Form 990) 2021

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,879,152.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,999.
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	-1,999.
3	Subtract line 2e from line 1	3	1,881,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	409.
b	Other (Describe in Part XIII.)	4b	118,972.
c	Add lines 4a and 4b	4c	119,381.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,000,532.

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

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

1	Total expenses and losses per audited financial statements	1	1,613,912.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,613,912.
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	118,972.
c	Add lines 4a and 4b	4c	118,972.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,732,884.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

IN ACCORDANCE WITH FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE ORGANIZATION HAS ASSESSED THE LIKLIHOOD THAT ALL TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

DONOR DESIGNATIONS 118,972.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

DONOR DESIGNATIONS 118,972.

COPY



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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	HOLIDAY BALL	FRISBEE GOLF	4	(add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....	208,839.	28,834.	30,498.	268,171.
2 Less: Contributions .....	20,704.	328.	1,462.	22,494.
3 Gross income (line 1 minus line 2) .....	188,135.	28,506.	29,036.	245,677.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....	14,895.	86.		14,981.
6 Rent/facility costs .....	15,846.	700.	2,923.	19,469.
7 Food and beverages .....	69,757.	4,284.	3,762.	77,803.
8 Entertainment .....	5,000.			5,000.
9 Other direct expenses .....	13,412.	1,770.	5,455.	20,637.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				137,890.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				107,787.

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

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

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

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

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

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

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



- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

COPY

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

Employer identification number  
**52-6016589**

**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
AMERICAN RED CROSS OF THE DELMARVA PENINSULA - 100 W 10TH STREET SUITE 501 - WILMINGTON, DE 19801	53-0196605		14,768.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
BIG BROTHERS BIG SISTERS EASTERN SHORE - 200 W MAIN STREET 3RD FLOOR - SALISBURY, MD 21801	81-3569849		18,340.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
CATHOLIC CHARITIES - SETON CENTER 30632 HAMPDEN AVE PO BOX 401 PRINCESS ANNE, MD 21853	51-0065685		35,136.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
CHESAPEAKE HOUSING MISSION PO BOX 1061 SALISBURY, MD 21801	26-3435626		15,041.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
COASTAL HOSPICE & PALLIATIVE CARE PO BOX 1733 SALISBURY, MD 21802	52-1214775		37,035.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
DELMARVA COMMUNITY SERVICES PO BOX 637 CAMBRIDGE, MD 21613	52-1000521		24,778.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

52-6016589

Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIAGONIA 12747 OLD BRIDGE ROAD OCEAN CITY, MD 21842	52-1381317		33,428.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
EASTERSEALS DE/MD EASTERN SHORE 61 CORPORATE CIRCLE NEW CASTLE, DE 19720	51-0066728		8,601.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
EPOCH DREAM CENTER PO BOX 218 200 N MAIN STREET HERRON, MD 21830	46-1753777		21,667.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
FOR ALL SEASONS 300 TALBOT STREET EASTON, MD 21601	52-1496434		6,035.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
GIRLS SCOUTS OF THE CHESAPEAKE BAY 225 OLD BALTIMORE PIKE NEWARK, DE 19702	51-0064337		17,434.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
HABITAT FOR HUMANITY OF WICOMICO 908 W ISABELLA STREET SALISBURY, MD 21801	52-1522421		12,579.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
HORIZONS DELMARVA 225 N DIVISION STREET SALISBURY, MD 21804	47-4423393		20,102.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
IT TAKES A VILLAGE 943 WEST MAIN STREET CRISFIELD, MD 21817	52-1781943		7,200.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
LIFE CRISIS CENTER PO BOX 387 SALISBURY, MD 21803	52-1147731		37,887.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE

Schedule I (Form 990)

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

52-6016589

Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAC, INC. 909 PROGRESS CIRCLE SUITE 100 SALISBURY, MD 21804	52-0992005		131,240.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
MD FOOD BANK EASTERN SHORE 28500 OWENS BRANCH ROAD SALISBURY, MD 21801	52-1135690		11,487.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
RECOVERY RESOURCE CENTER 726 S SALISBURY BLVD SUITE E SALISBURY, MD 21804	52-1609890		13,428.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
SALISBURY URBAN MINISTRIES PO BOX 1792 SALISBURY, MD 21802	52-2043085		10,643.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
SAMARITAN MINISTRIES 814 4TH STREET PO BOX 661 POCOMOKE CITY, MD 21851	52-2080155		17,833.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
THE SALVATION ARMY - LOWER SHORE 407 OAK STREET SALISBURY, MD 21804	52-0591457		34,136.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
VILLAGE OF HOPE 1001 LAKE STREET SALISBURY, MD 21801	52-1631603		19,268.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
WICOMICO COUNTY FREE LIBRARY 122 SOUTH DIVISION STREET SALISBURY, MD 21801	52-0658332		5,833.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE
WORCESTER COUNTY DEVELOPMENTAL CENTER - 8545 NEWARK ROAD - NEWARK, MD 21841	23-7300625		5,754.	0.			COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE

Schedule I (Form 990)

## Schedule 1 (Form 990)

Page 1

## Schedule 1 (Form 990)

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

52-6016589

Page 2

Schedule I (Form 990) 2021

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

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

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

**PART I, LINE 2:**

A NETWORK OF COMMUNITY VOLUNTEERS SERVES ON THE COMMUNITY IMPACT COMMITTEE  
FROM ALL FOUR COUNTIES WHO, IN CONJUNCTION WITH UNITED WAY STAFF, EVALUATE  
AND DIRECT DOLLARS TO SPECIFIC PROGRAMS THAT ARE EFFECTIVELY HELPING LOWER  
SHORE RESIDENTS. THE PROCESS ALLOWS UNITED WAY DONORS THE ADDED VALUE OF A  
SUPERIOR LEVEL OF ACCOUNTABILITY AND STEWARDSHIP FOR THEIR CONTRIBUTIONS.

THE UNITED WAY COMMUNITY IMPACT COMMITTEE DEDICATES OVER 1,000 HOURS  
ANNUALLY TO ANALYZE EVERY PROGRAM'S EFFICIENCY AND EFFECTIVENESS AND



**Part IV** Supplemental Information

CONDUCTS COMPREHENSIVE SITE REVIEWS. FUNDING PARTNERS ALSO SUBMIT UPDATE REPORTS AND ARE REQUIRED TO KEEP UWLES APPRISED OF ANY SIGNIFICANT CHANGES IN PROGRAMS OR ADMINISTRATION AT ANY TIME.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS OF THE DELMARVA PENINSULA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS EASTERN SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES - SETON CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: CHESAPEAKE HOUSING MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL HOSPICE & PALLIATIVE CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: DELMARVA COMMUNITY SERVICES

Schedule I (Form 990)

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: DIAKONIA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: EASTERSEALS DE/MD EASTERN SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: EPOCH DREAM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: FOR ALL SEASONS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS SCOUTS OF THE CHESAPEAKE BAY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: HABITAT FOR HUMANITY OF WICOMICO

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: HORIZONS DELMARVA

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: IT TAKES A VILLAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: LIFE CRISIS CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: MAC, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: MD FOOD BANK EASTERN SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: RECOVERY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: SALISBURY URBAN MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST  
ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: SAMARITAN MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY - LOWER SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: WICOMICO COUNTY FREE LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: WORCESTER COUNTY DEVELOPMENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: WORCESTER YOUTH & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY IMPACT GRANTS TO ASSIST ORGANIZATION TO ACCOMPLISH THEIR GOAL OF HELPING LOWER SHORE RESIDENTS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **UNITED WAY OF THE LOWER EASTERN SHORE, INC.**

Employer identification number  
**52-6016589**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>PROGRAM SUPPO</u> )	X	150	140,556.	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2021

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Schedule M (Form 990) 2021

52-6016589

Page 2

**Part I**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COPY

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Employer identification number  
52-6016589

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

EDUCATION, AND FINANCIAL STABILITY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMITTEE FROM ALL FOUR COUNTIES WHO, IN CONJUNCTION WITH UNITED WAY  
STAFF, EVALUATE AND DIRECT DOLLARS TO SPECIFIC PROGRAMS THAT ARE  
EFFECTIVELY HELPING LOWER SHORE RESIDENTS. THE PROCESS ALLOWS UNITED  
WAY DONORS THE ADDED VALUE OF A SUPERIOR LEVEL OF ACCOUNTABILITY AND  
STEWARDSHIP FOR THEIR CONTRIBUTIONS. THE UNITED WAY COMMUNITY IMPACT  
COMMITTEE DEDICATES OVER 1,000 HOURS ANNUALLY TO ANALYZE EVERY  
PROGRAM'S EFFICIENCY AND EFFECTIVENESS AND CONDUCTS COMPREHENSIVE SITE  
REVIEWS. IN THE 2021-2022-YEAR, UNITED WAY OF THE LOWER EASTERN SHORE  
AND 41 LOCAL NONPROFIT ENTITIES RECEIVED FUNDING SUPPORT FOR 59  
PROGRAMS SERVING LOWER EASTERN SHORE RESIDENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

UNITED WAY OF THE LOWER EASTERN SHORE ALSO OPERATES THE GET CONNECTED  
VOLUNTEER CENTER, AS THE DESIGNATED VOLUNTEER CENTER FOR THE LOWER  
SHORE OF MARYLAND, TO CONNECT ALL COMMUNITY MEMBERS WITH OPPORTUNITIES  
TO VOLUNTEER WITH ABOUT 150 LOCAL NONPROFITS ACROSS THE REGION,  
PROVIDING FREE ACCESS TO EVERYONE TO MANAGE AND TRACK VOLUNTEER IMPACT.  
UNITED WAY OF THE LOWER EASTERN SHORE IS INVOLVED IN SIGNIFICANT  
COMMUNITY OUTREACH AND ENGAGES IN NUMEROUS COMMUNITY AND REGIONAL  
PARTNERSHIPS AND COLLABORATIONS TO ELEVATE AWARENESS AND OPPORTUNITIES  
TO HELP NEIGHBORS IN NEED. UNITED WAY OF THE LOWER EASTERN SHORE IS A  
KEY PARTNER AND LEADER IN LOCAL COMMUNITY RESPONSE TASK FORCES AND

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Employer identification number  
52-6016589

ADVOCACY GROUPS.

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

THE FORM 990 IS FIRST REVIEWED BY THE BOARD TREASURER, BOARD CHAIR,  
CEO/PRESIDENT, AND FINANCE MANAGER, AT WHICH POINT IT IS PASSED ALONG TO  
THE AUDIT COMPLIANCE COMMITTEE FOR REVIEW, AND THEN ON TO THE FULL BOARD OF  
DIRECTORS FOR ITS INFORMATION.

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

UNITED WAY OF THE LOWER EASTERN SHORE REQUIRES ANNUAL CONFIRMATION THAT  
THEY HAVE/WILL READ THE POLICY CONCERNING CONFLICTS OF INTEREST AND WILL  
DISCLOSE IN WRITING ANY CONFLICTS OF INTEREST THEY ARE AWARE OF. IN THE  
EVENT A CONFLICT OF INTEREST ARISES, UNITED WAY OF THE LOWER EASTERN SHORE  
EXECUTIVE COMMITTEE WILL REVIEW THE EXTENT OF SUCH AND TAKE ACTION  
ACCORDINGLY.

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

PROCESS FOR DETERMINING COMPENSATION OF UNITED WAY OF THE LOWER EASTERN  
SHORE INC'S KEY PERSONNEL INCLUDE A REVIEW BY THE FINANCE AND EXECUTIVE  
COMMITTEES, AND THEN IS FORMALIZED IN THE BUDGETARY PROCESS, WHICH IS  
APPROVED IN THE MINUTES OF THE BOARD OF TRUSTEES.

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

UNITED WAY OF THE LOWER EASTERN SHORE MAKES ITS FORM 990 AVAILABLE TO THE  
PUBLIC VIA THE ORGANIZATION'S WEBSITE, CANDID (FORMERLY GUIDESTAR), AND  
UPON WRITTEN REQUEST. SCHEDULE ON CONTRIBUTORS IS NOT AVAILABLE TO THE  
PUBLIC.



Name of the organization UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Employer identification number  
52-6016589

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

UNITED WAY OF THE LOWER EASTERN SHORE MAKES ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE  
PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS REMAINED UNCHANGED IN 2022.

COPY

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	CONFERENCE ROOM TABLES AND CHAIRS	02/27/15	SL	7.00		16	18,460.				18,460.	17,141.		1,319.	18,460.
2	SHADES AND VALANCES	03/23/17	SL	5.00		16	2,257.				2,257.	1,994.		263.	2,257.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						20,717.				20,717.	19,135.		1,582.	20,717.
	MACHINERY & EQUIPMENT														
5	DONATION TRACKER SOFTWARE	06/18/04	SL	3.00		16	4,550.				4,550.	4,550.		0.	4,550.
6	LASERJECT PRINTER	05/03/06	SL	10.00		16	1,954.				1,954.	1,954.		0.	1,954.
7	PHONE SYSTEM	12/31/08	SL	7.00		16	5,250.				5,250.	5,250.		0.	5,250.
8	ACCOUNTING INTERFACE MODULE	06/17/11		3M		HY43	500.				500.	500.		0.	500.
9	FENDER WIRELESS MICROPHONE	10/04/11	200DE	5.00		HY17	490.				490.	490.		0.	490.
10	DIGITAL CAMERA	01/06/12	200DE	5.00		HY17	266.				266.	266.		0.	266.
11	HEAVY DUTY SHREDDER	03/21/12	200DE	5.00		HY17	350.				350.	350.		0.	350.
12	HP SERVER	04/15/13	200DE	5.00		HY17	4,930.				4,930.	4,930.		0.	4,930.
13	GET CONNECTED SOFTWARE UPFRONT	06/04/13	200DE	3.00		HY17	500.				500.	500.		0.	500.
14	AVER 22" LED LCD MONITOR	06/30/13	200DE	5.00		HY17	155.				155.	155.		0.	155.
15	4-LENOVO THINK CENTRE M73 LAPTOPS	04/01/14	200DE	5.00		HY17	3,200.				3,200.	3,200.		0.	3,200.
16	LENOVO THINKPAD T540P 15.6" NOTEBOOK	07/01/14	200DE	5.00		HY17	1,370.				1,370.	1,370.		0.	1,370.
17	1/2 AUDIO - SOUND ADVICE	09/03/14	SL	7.00		16	699.				699.	699.		0.	699.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	1/2 PROJECTOR - SOUND ADVICE	09/03/14	SL	7.00		16	1,545.				1,545.	1,545.		0.	1,545.
19	CIC SOFTWARE FEE - E-CIMPACT	11/21/14	SL	3.00		16	5,999.				5,999.	5,999.		0.	5,999.
20	MERAKI MX60 5-PORT MULTI SERVICE	01/20/15	200DE	5.00		HY17	665.				665.	665.		0.	665.
21	1/2 AUDIO - SOUND ADVICE	09/03/14	200DE	7.00		HY17	699.				699.	667.		32.	699.
22	1/2 PROJECTOR - SOUND ADVICE	09/03/14	200DE	7.00		HY17	1,545.				1,545.	1,476.		69.	1,545.
23	REFURBISHED MITEL 8520 PHONE (4)	09/01/14	200DE	5.00		HY17	1,768.				1,768.	1,768.		0.	1,768.
24	TWO LAPTOPS	08/04/15	SL	5.00		16	2,425.				2,425.	2,425.		0.	2,425.
25	PANASONIC CAMCORDER	02/10/16	SL	5.00		16	624.				624.	624.		0.	624.
26	UBIQUITI UNIFI 48 PORT SWITCH	11/08/16	SL	5.00		16	860.				860.	831.		29.	860.
27	LENOVO DESKTOP WITH DUAL MONITORS	03/21/17	SL	5.00		16	1,060.				1,060.	936.		124.	1,060.
28	LENOVO DESKTOP COMPUTER - OFFICE MANAGER	03/21/17	SL	5.00		16	710.				710.	627.		83.	710.
29	LENOVO DESKTOP COMPUTER W/ DUAL MONITORS	05/25/17	SL	5.00		16	1,076.				1,076.	915.		161.	1,076.
30	DESKTOP COMPUTER	09/11/19	SL	5.00		16	795.				795.	318.		159.	477.
31	DESKTOP COMPUTER	11/01/19	SL	5.00		16	795.				795.	292.		159.	451.
32	DESKTOP COMPUTER	11/01/19	SL	5.00		16	795.				795.	292.		159.	451.
33	DESKTOP COMPUTER	01/01/20	SL	5.00		16	795.				795.	265.		159.	424.
34	DESKTOP COMPUTER	01/01/20	SL	5.00		16	945.				945.	315.		189.	504.
35	LENOVO THINKPAD E14 14" NOTEBOOK	11/02/20	SL	5.00		16	1,064.				1,064.	177.		213.	390.

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	LENOVO THINKPAD E14 14" NOTEBOOK	11/02/20	SL	5.00		16	1,064.				1,064.	177.		213.	390.
37	LENOVO THINKPAD T15 15.6" NOTEBOOK	11/02/20	SL	5.00		16	1,444.				1,444.	241.		289.	530.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						50,887.				50,887.	44,769.		2,038.	46,807.
	TRANSPORTATION EQUIPMENT														
3	NEW OFFICE SIGNAGE	09/01/14	SL	3.00		16	1,541.				1,541.	1,541.		0.	1,541.
4	SHORE DISTRIBUTORS CREDIT	11/30/14	200DE	3.00	HY	17	1,137.				1,137.	1,137.		0.	1,137.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						2,678.				2,678.	2,678.		0.	2,678.
	LAND														
38	PHILLIPS SIGNS EXTERIOR SIGNAGE	08/30/22	NC	3.00	HY		3,001.				3,001.			0.	
	* 990 PAGE 10 TOTAL LAND						3,001.				3,001.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						77,283.				77,283.	66,582.		3,620.	70,202.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						74,282.			0.	74,282.	66,582.			70,202.
	ACQUISITIONS						3,001.			0.	3,001.	0.			0.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						77,283.			0.	77,283.	66,582.			70,202.
	ENDING ACCUM DEPR											70,202.			

128111 04-01-21

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



**Depreciation and Amortization**  
(Including Information on Listed Property) 990  
▶ Attach to your tax return.

OMB No. 1545-0172  
**2021**  
Attachment  
Sequence No. 179

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return  
**UNITED WAY OF THE LOWER EASTERN SHORE, INC.**

Business or activity to which this form relates

Identifying number

**FORM 990 PAGE 10**

**52-6016589**

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

1	Maximum amount (see instructions)	1	1,050,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,519.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	101.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,620.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.**

Form 4562 (2021)

52-6016589 Page 2

**Part V**

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

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

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

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

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

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

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

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year
<b>42</b> Amortization of costs that begins during your 2021 tax year:					
<b>43</b> Amortization of costs that began before your 2021 tax year <span style="float:right">43</span>					
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report <span style="float:right">44</span>					



## 2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
1	CONFERENCE ROOM TABLES AND CHAIRS	022715	SL	7.00	18,460.		18,460.	18,460.	0.
2	SHADES AND VALANCES	032317	SL	5.00	2,257.		2,257.	2,257.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				20,717.		20,717.	20,717.	0.
	MACHINERY & EQUIPMENT								
5	DONATION TRACKER SOFTWARE	061804	SL	3.00	4,550.		4,550.	4,550.	0.
6	LASERJET PRINTER	050306	SL	10.00	1,954.		1,954.	1,954.	0.
7	PHONE SYSTEM	123108	SL	7.00	5,250.		5,250.	5,250.	0.
8	ACCOUNTING INTERFACE MODULE	061711	3M		500.		500.	500.	0.
9	FENDER WIRELESS MICROPHONE	100411	200DB	5.00	490.		490.	490.	0.
10	DIGITAL CAMERA	010612	200DB	5.00	266.		266.	266.	0.
11	HEAVY DUTY SHREDDER	032112	200DB	5.00	350.		350.	350.	0.
12	HP SERVER	041513	200DB	5.00	4,930.		4,930.	4,930.	0.
13	GET CONNECTED SOFTWARE UPFRONT	060413	200DB	3.00	500.		500.	500.	0.
14	AYER 22" LED LCD MONITOR	063013	200DB	5.00	155.		155.	155.	0.
15	4-LENOVO THINK CENTRE M73 LAPTOPS	040114	200DB	5.00	3,200.		3,200.	3,200.	0.
16	LENOVO THINKPAD T540P 15.6" NOTEBOOK	070114	200DB	5.00	1,370.		1,370.	1,370.	0.
17	1/2 AUDIO - SOUND ADVICE	090314	SL	7.00	699.		699.	699.	0.
18	1/2 PROJECTOR - SOUND ADVICE	090314	SL	7.00	1,545.		1,545.	1,545.	0.
19	CIC SOFTWARE FEE - E-CIMPACT	112114	SL	3.00	5,999.		5,999.	5,999.	0.
20	MERAKI MX60 5-PORT MULTI SERVICE	012015	200DB	5.00	665.		665.	665.	0.
21	1/2 AUDIO - SOUND ADVICE	090314	200DB	7.00	699.		699.	699.	0.
22	1/2 PROJECTOR - SOUND ADVICE	090314	200DB	7.00	1,545.		1,545.	1,545.	0.
23	REFURBISHED MITEL 8520 PHONE (4)	090114	200DB	5.00	1,768.		1,768.	1,768.	0.
24	TWO LAPTOPS	080415	SL	5.00	2,425.		2,425.	2,425.	0.
25	PANASONIC CAMCORDER	021016	SL	5.00	624.		624.	624.	0.
26	UBIQUITI UNIFI 48 PORT SWITCH	110816	SL	5.00	860.		860.	860.	0.
27	LENOVO DESKTOP WITH DUAL MONITORS	032117	SL	5.00	1,060.		1,060.	1,060.	0.
28	LENOVO DESKTOP COMPUTER - OFFICE MANAGER	032117	SL	5.00	710.		710.	710.	0.
29	LENOVO DESKTOP COMPUTER W/ DUAL MONITORS	052517	SL	5.00	1,076.		1,076.	1,076.	0.
30	DESKTOP COMPUTER	091119	SL	5.00	795.		795.	477.	159.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



- NEXT YEAR FEDERAL -

UNITED WAY OF THE LOWER EASTERN SHORE,  
INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
31	DESKTOP COMPUTER	110119	SL	5.00	795.		795.	451.	159.
32	DESKTOP COMPUTER	110119	SL	5.00	795.		795.	451.	159.
33	DESKTOP COMPUTER	010120	SL	5.00	795.		795.	424.	159.
34	DESKTOP COMPUTER	010120	SL	5.00	945.		945.	504.	189.
35	LENOVO THINKPAD E14 14" NOTEBOOK	110220	SL	5.00	1,064.		1,064.	390.	213.
36	LENOVO THINKPAD E14 14" NOTEBOOK	110220	SL	5.00	1,064.		1,064.	390.	213.
37	LENOVO THINKPAD T15 15.6" NOTEBOOK	110220	SL	5.00	1,444.		1,444.	530.	289.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				50,887.		50,887.	46,807.	1,540.
	TRANSPORTATION EQUIPMENT								
3	NEW OFFICE SIGNAGE	090114	SL	3.00	1,541.		1,541.	1,541.	0.
4	SHORE DISTRIBUTORS CREDIT	113014	200DB	3.00	1,137.		1,137.	1,137.	0.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				2,678.		2,678.	2,678.	0.
	LAND								
38	PHILLIPS SIGNS EXTERIOR SIGNAGE	083022	NC	3.00	3,001.		3,001.		0.
	* 990 PAGE 10 TOTAL LAND				3,001.		3,001.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				77,283.		77,283.	70,202.	1,540.