

FINANCE, PERSONNEL, & RULES COMMITTEE

July 16, 2024

9:00 AM

Meeting will be at the conference room at the Mason County Airport Terminal

- A. Roll Call**
- B. Approval of the Agenda**
- C. Approval of the Minutes**
- D. Reading of Correspondence**
- E. Limited Public Comments**
- F. Committee Work**
 - 1. Consideration of 2025 Senior Services budget presentations
 - 9:15 am Free Soil Senior Center
 - 9:45 am HELP Inc.
 - 10:15 am Ludington Senior Center
 - 10:45 am Mason County Senior Services Coordinator
 - 11:15 am Scottville Senior Center
 - 11:45 am Tallman Lake Senior Center
 - 1:00 pm Blue Hat Ministries
 - 1:30 pm Lakeshore Food Club
 - 2:00 pm Snug Harbor Adult Day Care Center
 - 2. Consideration of a request to dispose of a table
- G. Limited Public Comments**
- H. Any other business**
- I. Adjournment**

Finance, Personnel, & Rules Committee Meeting

July 2, 2024

Mason County Airport

Commissioner Andersen called the Finance, Personnel, & Rules Committee Meeting (FPR) to order at 9:00 a.m. in the conference room of the Mason County Airport. Members present: Commissioners: Andersen, Bacon, and Hull. Absent: None. Others present: Deputy Administrator Szczypka, Administrator Knizacky, Zoning and Building Director Sanders, and Clerk Kelly. Public: None.

Motion by Bacon and seconded by Hull to approve the agenda with the addition of the opioid settlement with Kroger. Motion carried.

Motion by Hull and seconded by Bacon to approve the minutes of the June 18, 2024, meeting. Motion carried.

Correspondence: None.

Limited Public Comment: None.

Committee Work:

Consideration of a request to purchase Johnson Road Cul-de-sac fencing from the Airport Improvement Fund:

Recommendation coming from Building, Planning, Drains & Airport Committee for approval of the Straight Fence quote. Motion by Hull and seconded by Bacon to send to the full Board for consideration the request to purchase fencing for the Johnson Road cul-de-sac, funds to come from the Airport Improvement Fund. Motion carried.

Consideration of a request to purchase 4 New LifePak 35 cardiac monitors from the Equipment Replacement Fund:

Recommendation coming from Public Safety and Courts Committee to purchase the four new LifePak 35 Cardiac Monitors at a cost of \$131,264.00 funds to come from the Equipment Replacement Fund. The County will own the units outright. Motion by Bacon and seconded by Hull to send to the full Board for consideration the request to purchase four new LifePak 35 cardiac monitors from the Equipment Replacement Fund. Motion carried.

Consideration of Finance, Personnel, & Rules Committee Transfers: Motion by Hull and seconded by Bacon to send to the full Board the following transfers: Road Patrol-\$213,575.00; Jail Operations-\$168,250.00; Law Library \$2,500.00; Equipment Replacement-\$344,525.00; Public Improvement-\$426,956.00; Airport Operations-\$41,500.00. Motion carried.


Consideration of the Opioid Settlement agreement with Kroger: Administrator Knizacky noted that the lawyers representing the County agree with this settlement. Motion by Andersen and seconded by Bacon to send to the full Board for Consideration the Opioid Settlement agreement with Kroger. Motion carried.

Limited Public Comment: None.

Any other business: Administrator Knizacky noted that the Senior Centers and other organizations need to get their requests to the Administration department by July 8 at noon. Presentations will be made to the Finance, Personnel & Rules Committee on July 15, 2024, or July 30, 2024, then to the full Board in August. Committee members want to work through the lunch hour to accomplish this task.

Deputy Administrator Szczypka informed the FPR Committee that the Opioid Committee process is starting to come together. Once the survey process is completed by MSU-E, decisions will need to be made by the Board regarding types of committees, number of members, set priorities for spending, and does the FPR Committee want to determine how the grant process goes or allow that to be determined by the Committee. Lots of decisions to be made and Committee members need to be prepared for discussion at future meetings.

Meeting adjourned at 9:18 a.m.


Cheryl Kelly, Clerk

Tax Revenues	Amount	Millage Rate	0.2979 mills Tax Revenue
2024 Ad Valorem Tax Roll	2,483,326,602	0.0002979	\$739,782.99
2024 Brownfield, DDA, and TIFA captures	(22,419,653)	0.0002979	(6,678.81)
2024 Industrial Facilities Taxes	10,350,922	0.00014895	1,541.77
2024 DNR Land	9,576,605	0.0002	<u>1,915.32</u>
2024 Tax revenue from 0.2979 mills			<u>\$736,561.27</u>
PILT			72,375.00
Interest Income			<u>22,625.00</u>
Total estimated income			<u>\$831,561.27</u>

	2025	2024	
<u>2025 requests</u>			
Scottville Senior Center	\$ 325,987.00	\$ 291,000.00	
Ludington Senior Center	235,580.00	239,494.00	
Free Soil Senior Center	65,876.00	51,840.00	
Tallman Lake Senior Center	47,020.00	45,288.00	
Senior Services Coordinator	43,000.00	41,278.00	
HELP INC	5,000.00	0.00	
Lakeshore Food Club approximately	81,462.88	0.00	\$0.465 per point
Snug Harbor Adult Day Care Center	32,000.00	0.00	
Blue Hat Ministries	<u>30,000.00</u>	<u>0.00</u>	
	<u>\$ 865,925.88</u>	<u>\$ 668,900.00</u>	



Free Soil Area Senior Center, Inc.

Sherry Hasenbank, Director

8480 North Democrat Street

Free Soil Michigan 49411

July 8, 2024

Fabian,

I hope I have everything you need for the budget work up. If I have missed something please let me know. I will be out of town the rest of today. Tuesday, July 8th I will be at the Center.

You can call and leave a message on my cell (231) 425-6691 or email me @ freesoilsrcenter@gmail.com.

Have a great day!

A handwritten signature in cursive script that reads "Sherry".

Expenditure Budget

Free Soil Area Senior Center
Department Name

	Dept. No.	Department Name	
Activity	Account Number	2024 Approved Amount	2025 Requested Amount
Food		\$17,500.00	\$20,000.00
Kitchen Supplies		\$350.00	\$200.00
Cleaning Supplies		\$300.00	\$200.00
Trash Removal		\$425.00	\$520.00
Office Supplies		\$530.00	\$650.00
Education Supplies		\$200.00	\$-
Internet & Phone System		\$1,689.00	\$1,800.00
Insurance		\$266.00	\$266.00
Rent		\$6,000.00	\$6,000.00
Trips and Adventures		\$400.00	\$400.00
Misc. (Filing fees/Licensing/Lara)		\$100.00	\$100.00
Directors Wage		\$15,500.00	\$16,500.00
Employee Wages (2025 Requested Employee Wages)		\$17,680.00	\$19,240.00
Michael Kula (Cook) (\$ 10920.00)			
Jim Shanklin (Aide/Prep) (\$8320.00)			
Total		\$60,940.00	\$65,876.00

Free Soil Area Senior Center
Department Name

Free Soil Area Senior Center
Department Name

Free Soil Area Senior Center, Inc.
8480 N. Democrat St
Free Soil, MI 49411
(231) 464-6789

Budget Year January 1, 2024 / December 31, 2024

Item	Budget Amount	Other Income	Remarks
Food	17,500		Last budget didn't cover food costs
Kitchen Supplies	350		Repairs/replacing minor equipment
Office Supplies	530		Update computer programs/supplies
Educational Material	200		
Cleaning Supplies	300		
Trash Removal	425		
Internet/Phone	1,689		
Rent	6,000		No increase
Insurance	266		
Trips/Adventures	400		Sr. Enrichment, Socialization
Employee Wages	17,680		2 cooks/equal pay/Avg. \$17 hr
Director Wages	<u>15,500</u>		7 hrs day/included in wage mileage/shopping/errands
Total	60,840		
Other Income			
Food Donations		7,000	Group has grown/more donations
Fund Raisers		1,500	
Grants		<u>1,000</u>	
Total		9,000	

Sherry Hasenbank

Date **July 3, 2023**

Sherry Hasenbank, Director



Hands Extended Loving People

Demonstrating God's love through practical acts of mercy.

Fabian L. Knizacky
Mason County Administrator
5300 W. US 10
Ludington, MI 49431

July 1, 2024

Good morning,

As you are aware, HELP Ministry is a little different than some of the other agencies in our budget process. Andrew Kmetz advised me in January that we had a balance of \$5,641.58 at the county left over. In the past we would have used all that and more last year. About two years ago a new to us program (Michigan Transportation Connection) was brought into our area that pays us the costs of many of the rides we had previously asked the county for reimbursement for.

The reimbursement amount we requested from 2023 was \$3,428.58 and was paid out in February of this year.

2024 is playing out very similar to last year. As of July 1st we have had costs of \$1,541 for rides not covered by the new program. We forecast this year to also be about \$4,000. In 2023 we provided 412 rides for seniors to medical appointments. We ended up having to cancel 36 ride requests because we could not get a driver. This year we are currently at 179 rides and 16 cancellations as of today. The late summer and fall months generally show a significant increase in requested rides from all categories and we expect that to be the same this year. Total number of requested rides has risen higher in the last couple of years due to the greater number of referrals to out of town doctors. Lack of a Medicaid dental facility in Mason County has also been a big factor.

The amount already held for us should easily cover the costs for 2024. My request would be for an additional \$5,000 to cover expected costs in 2025 beyond what our reimbursement from the Michigan Transportation Connection will pay.

Requested amount for 2025: \$5,000.

Respectfully submitted

Larry Lange
Executive Director

Director's salary - \$38,000
Admin ass't - \$8,000
Bookkeeper - \$8,000

Howe, Annette R.

From: Knizacky, Fabian
Sent: Monday, July 8, 2024 11:28 AM
To: Howe, Annette R.
Subject: FW: 2025 Appropriation requests
Attachments: Budget for county 2025.xlsx; 2025 Budget Breakdown.docx; 12312023 Senior Center Trial Balance.pdf

Please print color copies of the attached documents Annette.

Fabian L. Knizacky
Mason County Administrator
5300 W. US 10 Highway
Ludington, MI 49431
(P) 231-843-7999
(F) 231-843-1972

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From: Andrea Morrell <amorrell@ci.ludington.mi.us>
Sent: Monday, July 8, 2024 10:40 AM
To: Knizacky, Fabian <fknizacky@masoncounty.net>
Cc: Szczypka, Kaitlyn <kszczypka@masoncounty.net>
Subject: 2025 Appropriation requests

CAUTION: This email originated outside of Mason County's networks. Do not click links, reply or open attachments unless you have verified its authenticity.

Good Morning,

Attached is the Ludington Senior Center senior mileage appropriation request including requested attachments.

Thank you,

Andrea Morrell

Director
City of Ludington - Senior Center
308 S. Rowe Street
Ludington, MI 49431

Phone: 231-845-6841

Email: amorrell@ci.ludington.mi.us

Web: www.ludingtonseniorcenter.org

Facebook: <https://www.facebook.com/Ludington-Area-Senior-Center-366767996691716/>



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Ludington Senior Center
Revenue Budget County 2025

Activity	Account Number	2024 Approved Amount	2025 Requested Amount
Federal Grants	523	18,000	18,000
State Grants	567	4,900	4,900
Grants- other	568	0	0
Project- United Way	581	5,000	5,000
Cooking and Food cost	582	0	0
County Appropriations	585	239,400	235,580
Contributions from other Govts	586	0	0
Donations for services	638-100	0	0
Miscellaneous Sales	650	0	0
Senior Christmas (Angle Tree)	650-160	0	0
Special Events	650-170	2,000	3,500
Active for Life Expo	650-180	6,000	6,000
Transportation & Trips	651	35,000	40,000
Facility Rentals	659	1,000	1,000
Interest Earned	666	200	4,000
Contributions-Private Sources	675	5,000	5,000
Reimbursements	677	0	0
Contributions from General Fund	684-400	0	
Miscellaneous Revenues	694	0	0
Totals		316,500	322,980

Ludington Senior Center
2025 Budget Breakdown

Salaries	Weekly hours	Hourly 2024	2024	Hourly 2025	2025
Andrea Morrell Salary Director			\$52,000		\$56,160
Kayla Northrup Program Coordinator	40	\$19.24	\$40,000	\$19.82	\$41,300
Barb Iteen Trip Coordinator/ Program Assistant	21	\$15.60	\$17,036	\$18.00	\$19,700
Julie Vanderwater Receptionist/ Volunteer Coordinator	24	\$16.64	\$20,767	\$17.17	\$21,400
Danny Dodson/Custodial	15	\$15.00	\$11,700	\$15.45	\$12,100

Additional Staff

Salaries	Weekly hours	Hourly 2024	2024	Hourly 2025	2025
Senior Advocate	20			\$18.00	\$18,720

Fringe Benefits

Fringe Benefits	2024	2025
Full-time staff	73,100	72,000
Part-time staff	6,000	7,200
Total	79,100	79,200

Senior Center

Revenues

City line-item Reference numbers

Revenues 211-000	Description	Purpose
523	Federal Grant	AAAWM Senior Center Staff
567	State Grants	AAAWM MOB classes, Enhance Fitness
581	Project United Way	United Way Grant
568	Grants- other	District #10, Peoples Fund
585	County Appropriations	Senior Millage
586	Contribution from other Govt	MMAF- LIS and Medicaid Appl
638	Donations for Services	Tax Assistance, Med-D, and others
650	Miscellaneous Sales	Cards and Pop,
650-160	Senior Christmas	Paper products/gifts
650-170	Special Events	Craft Show/Dinners/Events
650-180	Active for Life Expo	Booth Space/Contributions
651	Transportation and Trips	Trips
659	Facility Rental	Coin Club, Duplicate Bridge/Zumba, etc.
666	Interest Earned	Cash Amount
657	Contribution -Private Source	Donations by participants
677	Reimbursements	
684-400	Contributions From General Fund	City General Fund

Senior Center

Expenditures

City Line-item Reference numbers

Expenditures Account #	Description	Purpose
702	Salaries & Wages	Full-Time Staff
704	Salaries & Wages Part-Time	Part-Time Staff
719	Fringe Benefits	All Staff
719-600	City Contribution To 457 Plan	Full-Time Staff
740	Operating Supplies	Office/Paper Products/etc.
740-180	Active for Life Expo	Advertisements/Lunch/Signs
740-182	Expenses from Mini-Grants	Peoples Fund, District #10
741-400	Senior Christmas Supplies	Wrapping supplies/gifts
741-500	Cooking Supplies	Kitchen supplies/food
741-700	Special Events	Vol. Appreciation/fundraisers
741-800	Unmet Needs Expenses	This line item is not being used
801	Professional Services	Audit
802	Contractual Services	LDN/LPI (Kiosk), Website
Expenditures Account #	Description	Purpose

820	Membership & Dues	Chamber/MASC
853	Telephone	
860	Transportation and Trips	Outings/travel
864	Conferences & Workshops	Admission cost
910	Insurance and Bonds	For building insurance
921	Utilities-Electric	
923	Utilities-Gas	
927	Utilities-Water	
930	Repair Maintenance Supplies	Building & Yard Maintenance /small repairs
943	Equipment Rental	City use (other Dept.)
956	Miscellaneous Expenses	Flowers
969-600	Contribution to Technology Fund	Computer Support
977-000	Equipment	New Furnace and Air Conditioner

The Ludington Senior Center has relied on the Mason County millage money for several years to perform numerous programs. Our revenues for the past ten years have fluctuated between 79% to 85% of the senior millage.

Our other funding sources are the Area Agency on Aging of Western Michigan, United Way, small grants that become available throughout the year, fundraisers, the Mason County Foundation, donations for classes, and special events.

We provide thirty-five to forty programs each week, with some of the programs being repetitive during the week. This does not include special events and fundraisers.

Many of our programs are run by our volunteers, in one week we will utilize 15-20 volunteers. Some of the activities include yoga, EnhanceFitness, duplicate bridge, line dancing, lunch, TED talks, Feldenkrais, Stretch & balance, Mahjong, golf, painting class, support groups, Medicare/Medicaid Assistance Program, and crafts. Our volunteers who provide exercise classes are certified trainers.

One-on-one services provided by staff include Project Fresh Coupons for fresh produce, Medicare/Medicaid Assistance, tax credits, Ride to Wellness, consultations, referrals to agencies for assistance we do not provide, and liaison between seniors and other agencies or businesses.

New programing: Healthy cooking class with Cathy, Walk This Weigh, Book Club, Puzzle Tournament, Karaoke, Men's Breakfast, Travel Show, Veterans lunch, Chair massage.

Upcoming programing: Chair volleyball, chair yoga, social and networking group seniors living alone

Additional staffing: Senior Advocate to advocate on behalf of seniors including family members and caregivers. To provide referrals, guidance regarding long-term care services and follow-up to ensure services were received and senior satisfaction.

Ludington Senior Center Programs

Exercises

- Yoga
- EnhanceFitness
- Zumba Toning
- Zumba Gold
- Cardio Drumming
- Walking Club
- Line Dancing
- Feldenkrais
- Stretch and Balance
- Ping Pong
- Golf League
- Kayaking

Social Activities

- Billiards
- Mahjong
- Cards and Games
- Duplicate Bridge
- Congregate Meals
- TED Talks
- Quilting
- Crafts and Giggles
- Jukebox Bingo
- Trips
- Card Making
- Let's Talk Mason County
- Cornhole
- Essential Oils class
- Painting class

Services

- Medicare/Medicaid Assistance

- Tax Credits
- Project Fresh
- Consultations
- Legal assistance
- Foot Care
- Grief Support Group

Ludington Senior Center

- Alzheimer's Support Group
- Tech Help
- Rides to Wellness
- Educational Forums
- Matter of Balance class
- Medical equipment loan closet

Special Interest Groups who meet at our center

- Coin Club
- Cups of Cheer
- Mason County Beekeepers' yearly event
- Garden Club Flower Show
- Senior Networking Group
- String Along Community Jam

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 DB: Ludington

TRIAL BALANCE REPORT
 PERIOD ENDING 12/31/2023

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GL NUMBER	DESCRIPTION	2023 AMENDED BUDGET	BEG. BALANCE 01/01/2023 NORM (ABNORM)	ACTIVITY FOR MONTH 12/31/23 INCR (DECR)	YEAR-TO-DATE THRU 12/31/23 INCR (DECR)	END BALANCE 12/31/2023 NORM (ABNORM)	AVAILABLE BALANCE NORM (ABNORM)	% BDDT USED
Fund 211 - SENIOR CENTER FUND								
Assets								
Dept 000								
211-000-001.000	SR. CITIZEN CASH SHARE		118,389.98	(11,215.06)	42,658.96	161,048.84		
211-000-004.000	PETTY CASH		50.00	0.00	0.00	50.00		
211-000-056.000	INTEREST RECEIVABLE		27.87	231.74	231.74	259.61		
211-000-081.000	DUE FROM OTHER GOV. UNITS		0.00	360.00	360.00	360.00		
211-000-123.000	PREPAID EXPENSE		3,289.90	8,150.00	5,478.03	8,767.93		
Total Dept 000			121,757.65	(2,473.32)	48,728.73	170,486.38		
TOTAL ASSETS			121,757.65	(2,473.32)	48,728.73	170,486.38		
Liabilities								
Dept 000								
211-000-202.000	ACCOUNTS PAYABLE		4,936.13	1,751.58	(3,184.55)	1,751.58		
211-000-257.000	ACCRUED WAGES PAYABLE		2,410.20	2,545.44	135.24	2,545.44		
211-000-258.000	ACCRUED FRINGE BENEFITS PAYAB		1,470.64	1,410.77	(59.87)	1,410.77		
211-000-339.000	DEFERRED REVENUE		0.00	7,760.00	7,760.00	7,760.00		
Total Dept 000			8,816.97	13,467.79	4,650.82	13,467.79		
TOTAL LIABILITIES			8,816.97	13,467.79	4,650.82	13,467.79		
Fund Equity								
Dept 000								
211-000-390.000	FUND BALANCE (PRIOR YEAR)		112,940.68	0.00	0.00	112,940.68		
Total Dept 000			112,940.68	0.00	0.00	112,940.68		
TOTAL FUND EQUITY			112,940.68	0.00	0.00	112,940.68		
Revenues								
Dept 000								
211-000-523.000	FEDERAL GRANTS	18,000.00		1,800.00	20,094.00	20,094.00	(2,094.00)	111.63
211-000-567.000	STATE GRANTS	4,900.00		0.00	2,692.00	2,692.00	2,208.00	54.94
211-000-581.000	PROJECT-UNITED WAY	5,000.00		0.00	1,352.43	1,352.43	3,647.57	27.05
211-000-585.000	COUNTY APPROPRIATIONS	235,600.00		0.00	236,656.00	236,656.00	(1,056.00)	100.45
211-000-586.000	CONTRIBUTION FROM OTHER GOVT	0.00		166.00	1,598.00	1,598.00	(1,598.00)	100.00
211-000-587.000	GRANTS-MCCF	400.00		0.00	0.00	0.00	400.00	0.00
211-000-647.160	SENIOR CHRISTMAS	0.00		300.00	450.00	450.00	(450.00)	100.00
211-000-647.170	SPECIAL EVENTS-DINNERS/DANCES	5,000.00		0.00	5,096.53	5,096.53	(96.53)	101.93
211-000-647.180	ACTIVE FOR LIFE EXPO	6,000.00		0.00	5,773.00	5,773.00	227.00	96.22
211-000-651.000	USE AND ADMINISSIION FEES	42,500.00		435.00	42,585.20	42,585.20	(85.20)	100.20
211-000-665.000	INTEREST EARNED	5,100.00		793.96	5,190.65	5,190.65	(90.65)	101.78
211-000-667.000	FACILITY RENTAL	3,600.00		75.00	3,541.00	3,541.00	59.00	98.36
211-000-675.000	CONTRIBUTIONS-PRIVATE SOURCE	5,600.00		1,166.00	7,325.00	7,325.00	(1,725.00)	130.80
Total Dept 000		331,700.00		4,755.96	332,353.81	332,353.81	(633.81)	100.20

07/03/2024 09:39 AM

User: DEBBIE

DB: Ludington

TRIAL BALANCE REPORT

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PERIOD ENDING 12/31/2023

GL NUMBER	DESCRIPTION	2023 AMENDED BUDGET	BEG. BALANCE	ACTIVITY FOR	YEAR-TO-DATE	END BALANCE	AVAILABLE	% BDGT USED
			01/01/2023 NORM (ABNORM)	MONTH 12/31/23 INCR (DECR)	THRU 12/31/23 INCR (DECR)	12/31/2023 NORM (ABNORM)	BALANCE NORM (ABNORM)	
Fund 211 - SENIOR CENTER FUND								
Revenues								
TOTAL REVENUES		331,700.00		4,755.96	332,353.81	332,353.81	(653.81)	100.20
Expenditures								
Dept 000								
211-000-702.000	SALARIES & WAGES	105,200.00		8,975.34	111,236.82	111,236.82	(6,036.82)	105.74
211-000-704.000	SALARIES & WAGES-PART TIME	38,300.00		3,507.84	35,000.84	35,000.84	3,299.16	91.39
211-000-719.000	FRINGE BENEFITS	82,200.00		2,469.80	79,933.96	79,933.96	2,266.04	97.24
211-000-719.600	CITY CONTRIBUTION TO 457 PLAN	0.00		208.80	2,929.14	2,929.14	(2,929.14)	100.00
211-000-740.000	OPERATING SUPPLIES	3,500.00		1,827.32	4,145.49	4,145.49	(645.49)	118.44
211-000-740.180	ACTIVE FOR LIFE EXPO	5,000.00		126.00	5,167.57	5,167.57	(167.57)	103.35
211-000-741.400	SENIOR CHRISTMAS SUPPLIES	0.00		266.83	266.83	266.83	(266.83)	100.00
211-000-741.500	COOKING SUPPLIES	4,000.00		132.83	316.40	316.40	3,683.60	7.91
211-000-741.700	SPECIAL EVENTS	2,000.00		86.76	2,011.68	2,011.68	(11.68)	100.58
211-000-801.000	PROFESSIONAL SERVICES	100.00		0.00	100.00	100.00	0.00	100.00
211-000-802.000	CONTRACTUAL SERVICES	8,000.00		789.96	10,986.72	10,986.72	(2,986.72)	137.33
211-000-820.000	MEMBERSHIP & DUES	0.00		0.00	75.00	75.00	(75.00)	100.00
211-000-853.000	TELEPHONE	1,100.00		0.00	466.39	466.39	633.61	42.40
211-000-860.000	TRANSPORTATION & TRIPS	21,000.00		34.98	18,579.40	18,579.40	2,420.60	88.47
211-000-864.000	CONFERENCES & WORKSHOPS	500.00		0.00	430.52	430.52	69.48	86.10
211-000-910.000	INSURANCE & BONDS	1,200.00		100.00	1,200.00	1,200.00	0.00	100.00
211-000-921.000	UTILITIES - ELECTRIC	4,100.00		714.01	4,044.83	4,044.83	55.17	98.65
211-000-923.000	UTILITIES - GAS	3,200.00		476.00	2,878.95	2,878.95	321.05	89.97
211-000-927.000	UTILITIES - WATER	600.00		0.00	803.46	803.46	(203.46)	133.91
211-000-930.000	REPAIR MAINTENANCE SUPPLIES	3,000.00		15.17	1,450.10	1,450.10	1,549.90	48.34
211-000-943.000	EQUIPMENT RENTAL	500.00		0.00	500.00	500.00	0.00	100.00
211-000-956.000	MISCELLANEOUS EXPENSES	100.00		0.00	294.74	294.74	(194.74)	294.74
211-000-995.800	CONTRIBUTION TO TECHNOLOGY FU	4,900.00		965.43	5,457.06	5,457.06	(557.06)	111.37
Total Dept 000		289,500.00		20,697.07	288,275.90	288,275.90	224.10	99.92
TOTAL EXPENDITURES		288,500.00		20,697.07	288,275.90	288,275.90	224.10	99.92
Total Fund 211 - SENIOR CENTER FUND								
TOTAL ASSETS			121,757.65	(2,473.32)	48,728.73	170,486.38		
BEG. FUND BALANCE			112,940.68			112,940.68		
+ NET OF REVENUES & EXPENDITURES			43,200.00	(15,941.11)	44,077.91	44,077.91	(877.91)	102.03
= ENDING FUND BALANCE			112,940.68	(15,941.11)	44,077.91	157,018.59		
+ LIABILITIES			8,816.97	13,467.79	4,650.82	13,467.79		
= TOTAL LIABILITIES AND FUND BALANCE			121,757.65	(2,473.32)	48,728.73	170,486.38		

Fund 211 - SENIOR CITIZEN PROGRAMS

Dept 672 - COUNCIL ON AGING

211-672-703.000	SALARIES & WAGES: PART TIME	26,175.00
211-672-712.000	RETIREMENT	9,725.00
211-672-713.000	SOCIAL SECURITY & MEDICARE	2,000.00
211-672-727.001	OFFICE SUPPLIES	25.00
211-672-736.000	POSTAGE	25.00
211-672-807.001	NETWORK O&M ASSESSMENTS	1,600.00
211-672-807.003	SOFTWARE ANNUAL SUPPORT	300.00
211-672-828.006	TAX COLLECTION BOND PREMIUMS	25.00
211-672-852.000	MEMBERSHIPS & SUBSCRIPTIONS	1,550.00
211-672862.000	MILEAGE REIMBURSEMENT	800.00
211-672-900.000	PRINTING & PUBLISHING	675.00
211-672-955.000	MISCELLANEOUS	79.00
211-672-964.001	TAX ROLL ADJUSTMENTS	25.00
211-672-975.002	COMPUTER & PRINTER HARDWARE	0.00
Totals for dept 672 - COUNCIL ON AGING		<hr/> 43,004.00

Howe, Annette R.

From: Knizacky, Fabian
Sent: Monday, July 8, 2024 11:58 AM
To: Howe, Annette R.
Subject: FW: SASC 2025 budget proposal
Attachments: SASC 2025 budget summary.docx; SASC 2025 Budget proposal-final.xlsx; SASC Staff pay rates-2025.docx

Please print the attached documents in color Annette.

Thanks,

Fabian L. Knizacky
Mason County Administrator
5300 W. US 10 Highway
Ludington, MI 49431
(P) 231-843-7999
(F) 231-843-1972

This e-mail system is the property of the County of Mason. All data and other electronic messages within this system are the property of the County of Mason. E-mail messages in this system may be considered County Records and therefore may be subject to Freedom of Information Act requests and other legal disclosure.

From: Kerans, Bill <bkerans@mysasc.org>
Sent: Monday, July 8, 2024 11:55 AM
To: Knizacky, Fabian <fknizacky@masoncounty.net>
Subject: SASC 2025 budget proposal

CAUTION: This email originated outside of Mason County's networks. Do not click links, reply or open attachments unless you have verified its authenticity.

Fabian...

I've attached our budget documents.

Hope this is an acceptable way of submitting.

Our printer is malfunctioning and I've been unable to print a hard copy to bring to you by noon.

-Bill

Bill Kerans

Director, Scottville Area Senior Center

140 S. Main St., Scottville, MI 49454

bkerans@mysasc.org

Voice: 231-757-4705

Fax: 231-757-0217

SASC county-wide services: homemaker, respite, medical transportation, Grandparents Raising Grandchildren

In-center activities and hot lunch available. Reservations please, 757-4705

Programs supported by Mason County Senior Millage and Area Agency on Aging of Western Michigan

Hours: 9 am-4:30 pm, M-F; lunch 11:45 am

Please see web site: scottvilleareaseniorcenter.com



Scottville Area Senior Center 2025 Budget—Mason County Senior Millage

The 2025 SASC budget seeks an increase to continue our expanded activities and to adjust hours and pay of staff to best accomplish our goals.

Here are a few highlights about our budget proposal and operations.

As in 2024 the primary focus is on our staffing and compensation, reflecting the reality that our essential millage funding is largely used to provide the staff we create and execute our services to our senior clients.

Funding. We have requested an increase of \$34,927 in millage funding, for a total of \$325,987. This compares with the \$21,560 increase approved for the current budget year.

We believe this increase will position us to provide for the staff that is the basis for our successful operations, and achieve a balanced budget in the coming year. At present, we project a 2024 shortfall of approximately \$20,000, which we plan to eliminate by applying some unrestricted donations from previous years to current operations. This is obviously not a sustainable course, and we intend to see that it does not continue.

Staffing. The proposal includes an increase of \$0.28 per hour for our in-home aides and part-time staff, to \$17.64 per hour—a modest adjustment on top of the sizeable increase approved by the County Board this year to bring their pay up to competitive levels. They continue to do an excellent job of delivering our homemaker and respite programs. We have been able to add one in-home aide recently and now have seven of their ambassadors assisting seniors in their homes throughout the county.

The most significant increases are a substantial pay rate adjustment for our activities coordinator, to \$20 per hour, reflecting her extraordinary contribution in stimulating expansion of activities and successful resumption of our travel program, and a much-needed expansion of hours for our caseworker (from 20 to 30 hours per week). We have also proposed a small salary increase for our services director (\$1,054), and an unchanged salary rate for the center director.

We have proposed modest increases in hours for our Grandparents Raising Grandchildren coordinator, who also focuses on fundraising and grants, as well as our tech advisor, who helps seniors with becoming more tech savvy and handles layout of our newsletter content and our web site.

Travel. Sponsoring trips is a good potential source of revenue, and have resumed a very active travel program, restoring it to the level we had before COVID. We were able to resume a full schedule, with four trips extended trips planned, along with several day trips closer to home. Next year will continue to expand, and have even booked some international travel in 2025 and 2026.

Activities. These trips are planned and led by our new activities coordinator, Ada Weier-Amor. She has drawn on her expertise with crafts, exercise and hiking, as well as her extensive people network, to expand our activities program with a variety of new offerings. We now have tables full of sign-up sheets and a total of nearly 200 things to do every month. Plus, she has greatly enhanced our social media presence.

We look forward to another successful year as part of Mason County Central Schools, working in cooperation with our county leadership, Area Agency on Aging partners, and the other senior centers in the county.

Respectfully submitted,
Bill Kerans
SASC Director

[illegible]

Scottville Area Senior Center--2025 Budget Proposal							
Budget Item	2024 Proposed	2025 Center ops	2025 Homemaker	2025 Respite(all)	2025 Transportation	2025 Grandparents	Notes
Expenses							
Compensation	264,391	299,353	92,399	125,128	38,716	26,742	16,368 GRG comp. reflects part of pay for director and caseworker + coordinator
Benefits	31,664	33,049	8,262	8,263	8,262	8,262	
Utilities	15,000	16,800	4,200	4,200	4,200	4,200	
Bldg. rent, lease, insurance	0	0					
Mileage reimbursement	39,000	44,000	3,300	15,900	900	23,900	
Office supplies	8,000	9,500	7,500	500	500	500	500
Food, cooking supplies	3,100	3,000	1,000			2,000	
Professional services	19,000	22,500	22,500				Home injury control, mechanical equipment; maint & repair; carpentry, plumbing, electrical; occasional speaker fees.
Equipment	2,000	1,250	1,250				i.e. PA system, patio furn.
Printing	1,000	1,000	1,000				
Conferences/Workshops	2,000	2,000	2,000				MASC
Fundraising expenses	500	400	400				
Postage	1,000	1,200	1,200				
Dues and fees	345	345	345				MASC; Chamber
Other expenses	11,500	14,000	8,500		2,000	4,000	
Total Expenses	398,500	448,397	153,856	153,991	52,578	65,604	22,868
Variance: Revenue less expense	160	110					
Page 2 Of 2							

Scottville Area Senior Center **Staff list and pay rates—2025 Proposal**

Aides: Homemaker and Respite programs

All are paid \$15 per hour, plus 2.35 per hour temporary supplemental

Name	Pay Rate	Typical Hours	Weekly \$	Annual \$	Notes
Lynnette Archey	17.64	24	423.36	21,168	All part-time aides & staff
Irene Janicki	17.64	29	511.56	25,578	technically employed by
Sandra Metheny	17.64	8	141.12	7,056	a staffing agency
Catherine Powers	17.64	20	352.80	17,640	
Jamie Rafter	17.64	29	511.56	25,578	
Melody Rafter	17.64	20	352.80	17,640	
Maria Gaitan	17.64	10	176.40	8,820	
		140	2,469.60	123,480	7,000 hours
	+0.28	+14	+283.50	+14,174	+700

Senior Center Staff—hourly

All are paid \$15 per hour, plus 2.35 per hour temporary supplemental

Name	Pay rate	Typical Hours	Weekly	Annual	Notes
Brenda Britton	17.64	30	529.20	26,460	Caseworker
Open position	Paid by AARP Foundation	18			Reception--AARP Senior Community Service Employment Program
Ellen Kerans	17.64	15	264.60	13,230	Grandparents Raising Grandchildren, Development, Speakers
Kristyn Norton	17.64	12	211.68	10,584	Technology advisor
Crystal Tyler	17.64	10	176.40	8,820	Center cleaning
Ada Weier-Amor	20.00	30	600	30,000	Activities Coordinator
		97 (paid)	1,388	89,094	
	+0.28	+17	+1,781.88	+19,694	

Senior Center staff--salary

Name	Annual Pay rate	Typical Hours	Notes
Dottie Reed	40,833	Full time	Services Director--Employed by MCCA
Bill Kerans	45,906	Full time	Director—Employed by a staffing agency
	86,779		
	+1,054		

Total, all staff: \$299,353

\$34,692 total increase for staff compensation (-20,539 compared with +55,231 in 2024)

- Aides: \$14,174 (vs +27,569 in 2024)
- Part-time staff: \$19,694 (vs +24,400 in 2024)
- Full-time staff: \$1,054 (vs 3,262 in 2024)

Howe, Annette R.

From: Knizacky, Fabian
Sent: Monday, July 8, 2024 11:42 AM
To: Howe, Annette R.
Subject: FW:
Attachments: nw budget 2025.pdf; 2406-359435REC-LEPRM_ROUGH_DRAFT_CAR.pdf;
2406-359435REC-HEPRM_ROUGH_DRAFT_CAR.pdf; 2025 BUDGET REQUEST.xlsx;
2024-01-01 Cameron.pdf; Budget 2024-2025 narative.docx

Please print color copies of the attached reports Annette.

Thanks,

Fabian L. Knizacky
Mason County Administrator
5300 W. US 10 Highway
Ludington, MI 49431
(P) 231-843-7999
(F) 231-843-1972

This e-mail system is the property of the County of Mason. All data and other electronic messages within this system are the property of the County of Mason. E-mail messages in this system may be considered County Records and therefore may be subject to Freedom of Information Act requests and other legal disclosure.

From: Tallman Senior Center <tallmanlakesenior@gmail.com>
Sent: Friday, July 5, 2024 11:45 AM
To: Knizacky, Fabian <fknizacky@masoncounty.net>
Subject:

CAUTION: This email originated outside of Mason County's networks. Do not click links, reply or open attachments unless you have verified its authenticity.

Tallman Lake Senior Center

Budget 2024-2025

Item	2024	2025
Great Lake Energy	1300.00	1500.00
Spectrum(Cable, Internet, Phone)	2750.00	2900.00
Fisher L P(prone heat)	1700.00	1800.00
Waste Reduction	120.00	200.00
Snowplowing	1500.00	1700.00
Lawncare(mowing, spring cleanup)	1000.00	1100.00
Fall cleanup of limbs and mowing)	900.00	1100.00
Building maintenance	800.00	1000.00
Carpet Cleaning	350.00	400.00
Automatic door maintenance	275.00	300.00
Building and Premises Liability Inc.	2000.00	1500.00
Cameron Accountant	1440.00	1500.00
Ludington Daily News subscription	290.00	300.00
Mileage	300.00	330.00
Petty Cash(refreshments/potluck/paper)	1200.00	1300.00
Office Supplies(printer cartridges and paper,)	500.00	600.00
Fill in for Sandy(sick/vacation/personal)	\$10.00 1320.00	1320.00
Subtotal	17,745.00	18,850.00
 Gross pay Director Sandy Varnes	 25,588.00	 26,520.00
Workers' Compensation Insurance	900.00	500.00
Employer taxes and contributions	1,055.00	1,150.00
Subtotal	27,543.00	28,170.00
TOTAL	45,288.00	47,020.00

EXPENSES	2024 REQUESTED DOLLAR AMOUNT	2025 REQUESTED DOLLAR AMOUNT
Great Lakes Energy	1,300.00	1,500.00
Spectrum (cable, internet, phone)	2,750.00	2,900.00
Fischer LP (propane heat)	1,700.00	1,800.00
Waste Reduction	120.00	200.00
Snowplowing	1,500.00	1,700.00
Lawn care (mowing, spring cleanup, fertilizers, etc.)	1,000.00	1,100.00
Fall cleanup of leaves, limbs, and mowing	900.00	1,100.00
Building maintenance	800.00	1,000.00
Stanley Steamers	350.00	400.00
Automatic door maintenance	275.00	300.00
Building and Premises Liability Insurance	2,000.00	1,500.00
Cameron Accountant	1,440.00	1,500.00
<i>Ludington Daily News</i> subscription	290.00	300.00
Mileage	300.00	330.00
Petty Cash (refreshments/potlucks/paper products)	1,200.00	1,300.00
Office Supplies (printer cartridges and paper, etc.)	500.00	600.00
Fill in for Sandy (sick/vacation/personal time \$10/hr)	1,320.00	1,320.00
Subtotal	17,745.00	18,850.00
Gross pay Director Sandy Varnes \$17/hr 30 hrs/wk	25,588.00	26,520.00
Workers' Compensation Insurance	900.00	500.00
Employer taxes and contributions	1,055.00	1,150.00
Subtotal	27,543.00	28,170.00
TOTAL	45,288.00	47,020.00

TALLMAN LAKE SENIOR CENTER INC.

REPORT PREP DATE

12/31/2023

BEG CASH BALANCE



11/30/2023

GENERAL FUND
PAYROLL ACCOUNT\$8,164.31
\$4,353.64

\$12,517.95

\$0.00

CASH DISBURSEMENTS

AMOUNT

12/12/2023	1134	SANDY VARNES	PETTY CASH	\$81.44
12/13/2023	DEBIT	HARLAND CLARKE	CHECKS	\$265.58
12/13/2023	1138	ARDAH HOLCOMB	FILL IN	\$120.00
12/13/2023	1139	CRIS VARNES	MILEAGE	\$24.00
12/13/2023	1140	CRIS VARNES	MAINTENANCE-PLOWING	\$140.00
12/15/2023	DEBIT	SPECTRUM	CABLE	\$215.08
12/21/2023	1141	ARDAH HOLCOMB	FILL IN	\$180.00
4/10/2236	DEBIT	GREAT LAKES ENERGY	ELECTRIC	\$109.00
12/8/2023	750	SANDY VARNES	PAYROLL	\$810.66
12/15/2023	EFTPS	PAYROLL TAXES	PAYROLL TAXES	\$492.12
12/22/2023	751	SANDY VARNES	PAYROLL	\$810.66

TOTAL DISBURSEMENTS

\$3,248.54

ENDING CASH BALANCE

\$9,269.41

BEG CASH BALANCE
GENERAL FUND
PAYROLL ACCOUNT

12/31/2023

\$6,950.21
\$2,240.20

\$9,190.41

CAMERON ACCOUNTING & TAX SERVICE PLLC
ROBERT CAMERON EA
115 S MAIN STREET
SCOTTVILLE, MI 49454
PHONE (231)757-9585 FAX (231)757-4963
CAMERONACCOUNTING@CARRINTER.NET

DATE

1/1/24

BILL TO: TALLMAN LAKE SENIOR CENTER

DEC 2023 ACCOUNTING SERVICE

\$115.00

\$115.00

THANK YOU FOR YOUR BUSINESS.

Tallman Lake Senior Center
6765 Marshall RD
Fountain Mi 49410
231-757-3306
TallmanLakeSenior@gmail.com

Dear Fabin

Could you please add the carpet prices to our budget? This will be an addition to the budget.

The two prices are with higher grade carpet and lower grade carpet price.

Director of TLSC
Sandy Varnes



Servpro of Manistee, Ludington, and Cadillac

156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofmle.com
Federal Tax Id: 26-4290369

Insured: Tallman Lake Senior Center
Property: 6765 Marshall RD
Fountain, MI 49410

Home: (231) -
Business: (231) 757-3306
E-mail: tallmanlakesenior@gmail.com

Claim Number:	Policy Number:	Type of Loss:
Coverage	Deductible	Policy Limit
Dwelling	\$0.00	\$0.00
Other Structures	\$0.00	\$0.00
Contents	\$0.00	\$0.00

Date of Loss: Date Received:
Date Inspected: Date Entered: 6/27/2024 9:28 AM

Price List: MITC8X_JUN24	Depreciate Material: Yes	Depreciate O&P: No
Restoration/Service/Remodel	Depreciate Non-material: Yes	Depreciate Taxes: Yes
Estimate: 2406-359435REC-LEPRM	Depreciate Removal: No	

This estimate was created for Tallman Lake Senior Center by Servpro of Manistee, Ludington and Cadillac. It covers the structural reconstruction work to be completed, for the property located at 6765 Marshall Rd., Fountain, MI 49410. Further work will be contained in separate, supplemental estimates as needed.



Servpro of Manistee, Ludington, and Cadillac

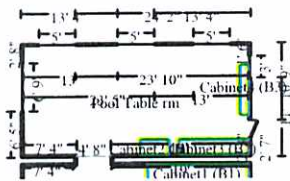
156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofinlc.com
Federal Tax Id: 26-4290369

2406-359435REC-LEPRM

Main Level

Main Level

CAT	SEL	ACT DESCRIPTION						
	CALC	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL	
16. DMO	PU	- Haul debris - per pickup truck load - including dump fees						
	2	2.00 EA	185.81+	0.00 =	0.00	74.32	445.94	
17. FCV	PREP	+ Floor preparation for resilient flooring						
	F	1361.53 SF						PENDING
21. FEE	DEL	+ Delivery charge (Bid Item)						
	1	1.00 EA [*EN]	0.00+	250.00 =	0.00	0.00	250.00	
Total: Main Level					0.00	74.32	695.94	



Pool Table rm

Height: 8'

701.33 SF Walls	470.94 SF Ceiling
1172.28 SF Walls & Ceiling	435.44 SF Floor
48.38 SY Flooring	87.67 LF Floor Perimeter
87.67 LF Ceil. Perimeter	

Missing Wall

4' 8" X 8'

Opens into MEETING_RM

CAT	SEL	ACT DESCRIPTION						
	CALC	QTY	REMOVE	REPLACE	TAX	O&P	TOTAL	
1. FCC	CT	& R&R Carpet tile						
	F	435.44 SF	0.79+	4.20 =	81.25	450.84	2,704.94	
4. CON	ROOM>>	+ Contents - move out then reset - Extra large room						
	1	1.00 EA	0.00+	224.55 =	0.00	44.92	269.47	
18. FCV	CB4	& R&R Cove base molding - rubber or vinyl, 4" high						
	PF	87.67 LF	0.39+	2.96 =	7.68	60.28	361.65	
Totals: Pool Table rm					88.93	556.04	3,336.06	
Total: Main Level					88.93	630.36	4,032.00	
Line Item Totals: 2406-359435REC-LEPRM					88.93	630.36	4,032.00	



Servpro of Manistee, Ludington, and Cadillac

156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofmlc.com
Federal Tax Id: 26-4290369

Grand Total Areas:

1,914.67 SF Walls	1,425.03 SF Ceiling	3,339.69 SF Walls and Ceiling
1,361.53 SF Floor	151.28 SY Flooring	239.33 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	239.33 LF Ceil. Perimeter
1,361.53 Floor Area	1,502.53 Total Area	1,914.67 Interior Wall Area
2,025.00 Exterior Wall Area	225.00 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	



Servpro of Manistee, Ludington, and Cadillac

156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servprofmle.com
Federal Tax Id: 26-4290369

Summary for Dwelling

Line Item Total	3,312.71
Material Sales Tax	88.93
Subtotal	3,401.64
Overhead	315.18
Profit	315.18
Replacement Cost Value	\$4,032.00
Net Claim	\$4,032.00



Servpro of Manistee, Ludington, and Cadillac

156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofmlc.com
Federal Tax Id: 26-4290369

Recap by Room

Estimate: 2406-359435REC-LEPRM

Area: Main Level	621.62	18.76%
Pool Table rm	2,691.09	81.24%
<hr/>		
Area Subtotal: Main Level	3,312.71	100.00%
<hr/>		
Subtotal of Areas	3,312.71	100.00%
<hr/>		
Total	3,312.71	100.00%



Servpro of Manistee, Ludington, and Cadillac

156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofinc.com
Federal Tax Id: 26-4290369

Recap by Category

O&P Items	Total	%
CONTENT MANIPULATION	224.55	5.57%
GENERAL DEMOLITION	749.81	18.60%
FLOOR COVERING - CARPET	1,828.85	45.36%
FLOOR COVERING - VINYL	259.50	6.44%
O&P Items Subtotal	3,062.71	75.96%
Non-O&P Items	Total	%
PERMITS AND FEES	250.00	6.20%
Non-O&P Items Subtotal	250.00	6.20%
O&P Items Subtotal	3,062.71	75.96%
Material Sales Tax	88.93	2.21%
Overhead	315.18	7.82%
Profit	315.18	7.82%
Total	4,032.00	100.00%

We require 50% down and a signed contract prior to ordering the material and scheduling the labor. This estimate is good for 30 days from the delivery date



Servpro of Manistee, Ludington, and Cadillac

156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofmlc.com
Federal Tax Id: 26-4290369

Insured: Tallman Lake Senior Center
Property: 6765 Marshall RD
Fountain, MI 49410

Home: (231) -
Business: (231) 757-3306
E-mail: tallmanlakesenior@gmail.com

Claim Number:**Policy Number:****Type of Loss:**

Coverage	Deductible	Policy Limit
Dwelling	\$0.00	\$0.00
Other Structures	\$0.00	\$0.00
Contents	\$0.00	\$0.00

Date of Loss:
Date Inspected:

Date Received:
Date Entered: 6/27/2024 9:28 AM

Price List: MITC8X_JUN24
Restoration/Service/Remodel
Estimate: 2406-359435REC-IIEPRM

Depreciate Material: Yes
Depreciate Non-material: Yes
Depreciate Removal: No
Depreciate O&P: No
Depreciate Taxes: Yes

This estimate was created for Tallman Lake Senior Center by Servpro of Manistee, Ludington and Cadillac. It covers the structural reconstruction work to be completed, for the property located at 6765 Marshall Rd., Fountain, MI 49410. Further work will be contained in separate, supplemental estimates as needed.



Servpro of Manistee, Ludington, and Cadillac

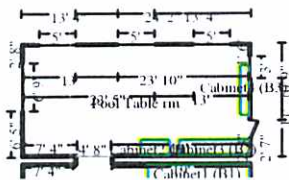
156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofmlc.com
Federal Tax Id: 26-4290369

2406-359435REC-HEPRM

Main Level

Main Level

CAT	SEL	ACT DESCRIPTION	REMOVE	REPLACE	TAX	O&P	TOTAL
	CALC	QTY					
16. DMO	PU	- Haul debris - per pickup truck load - including dump fees					
	2	2.00 EA	185.81+	0.00 =	0.00	74.32	445.94
17. FCV	PREP	+ Floor preparation for resilient flooring					
	F	1361.53 SF					PENDING
21. FEE	DEL	+ Delivery charge (Bid Item)					
	1	1.00 EA [*EN]	0.00+	250.00 =	0.00	0.00	250.00
Total: Main Level					0.00	74.32	695.94



Pool Table rm

Height: 8'

701.33 SF Walls	470.94 SF Ceiling
1172.28 SF Walls & Ceiling	435.44 SF Floor
48.38 SY Flooring	87.67 LF Floor Perimeter
87.67 LF Ceil. Perimeter	

Missing Wall

4' 8" X 8'

Opens into MEETING_RM

CAT	SEL	ACT DESCRIPTION	REMOVE	REPLACE	TAX	O&P	TOTAL
	CALC	QTY					
1. FCC	CT+	& R&R Carpet tile - High grade					
	F	435.44 SF	0.79+	5.99 =	128.02	616.06	3,696.37
4. CON	ROOM>>	+ Contents - move out then reset - Extra large room					
	1	1.00 EA	0.00+	224.55 =	0.00	44.92	269.47
18. FCV	CB4	& R&R Cove base molding - rubber or vinyl, 4" high					
	PF	87.67 LF	0.39+	2.96 =	7.68	60.28	361.65
Totals: Pool Table rm					135.70	721.26	4,327.49
Total: Main Level					135.70	795.58	5,023.43
Line Item Totals: 2406-359435REC-HEPRM					135.70	795.58	5,023.43



Servpro of Manistee, Ludington, and Cadillac

156 8th Street
Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servprofinlc.com
Federal Tax Id: 26-4290369

Grand Total Areas:

1,914.67	SF Walls	1,425.03	SF Ceiling	3,339.69	SF Walls and Ceiling
1,361.53	SF Floor	151.28	SY Flooring	239.33	LF Floor Perimeter
0.00	SF Long Wall	0.00	SF Short Wall	239.33	LF Ceil. Perimeter
1,361.53	Floor Area	1,502.53	Total Area	1,914.67	Interior Wall Area
2,025.00	Exterior Wall Area	225.00	Exterior Perimeter of Walls		
0.00	Surface Area	0.00	Number of Squares	0.00	Total Perimeter Length
0.00	Total Ridge Length	0.00	Total Hip Length		



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Federal Tax Id: 26-4290369

Summary for Dwelling

Line Item Total	4,092.15
Material Sales Tax	135.70
Subtotal	4,227.85
Overhead	397.79
Profit	397.79
Replacement Cost Value	\$5,023.43
Net Claim	\$5,023.43



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Federal Tax Id: 26-4290369

Recap by Room

Estimate: 2406-359435REC-HIEPRM

Area: Main Level	621.62	15.19%
Pool Table rm	3,470.53	84.81%
<hr/>		
Area Subtotal: Main Level	4,092.15	100.00%
<hr/>		
Subtotal of Areas	4,092.15	100.00%
<hr/>		
Total	4,092.15	100.00%



Servpro of Manistee, Ludington, and Cadillac

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Manistee, MI 49660
Phone: 231-723-4872 Fax: 231-723-4870
Email: servpro9094@servproofmle.com
Federal Tax Id: 26-4290369

Recap by Category

O&P Items	Total	%
CONTENT MANIPULATION	224.55	4.47%
GENERAL DEMOLITION	749.81	14.93%
FLOOR COVERING - CARPET	2,608.29	51.92%
FLOOR COVERING - VINYL	259.50	5.17%
O&P Items Subtotal	3,842.15	76.48%
Non-O&P Items	Total	%
PERMITS AND FEES	250.00	4.98%
Non-O&P Items Subtotal	250.00	4.98%
O&P Items Subtotal	3,842.15	76.48%
Material Sales Tax	135.70	2.70%
Overhead	397.79	7.92%
Profit	397.79	7.92%
Total	5,023.43	100.00%

We require 50% down and a signed contract prior to ordering the material and scheduling the labor. This estimate is good for 30 days from the delivery date



"Helping Dependent Adults Thrive"



Serving Seniors since 2017



Organization History

- Seven years ago, the need became apparent that many disabled adults were falling through the cracks to receive services because they didn't have the capacity to know what help they needed and how to stay involved with services either due to physical disability, aging diseases, mental health issues or developmental disabilities. In addition to this many had no family to help encourage them, navigate services, avoid homelessness and know when additional care was required. For the first year, I simply made a point to help disabled adults in this way. But then a representative from CMH reached out to me asking me to officially become a Public Guardian/Conservator through the court, since they saw that was the role I was naturally playing for these adults. They informed me of the urgent need for seniors and other disabled adults that have been deemed in need of a medical and financial "decision-maker" through the court. After going through the process with the court and working tirelessly for four years, with continual calls for me to take on more clients in the community, we were encouraged to become a nonprofit organization and did so in 2022. This opened us up to the possibility for funding through grants, support from the community and, of course, for volunteers and much needed staff.
- Today Blue Hat Ministries serves as Public Guardian or conservator for approximately 55 individuals, 24 of which are seniors 50 plus living in Mason County (20 are 60+).

Cost Intro Narrative

- When we agree to be appointed for an individual by the probate court we are generally appointed for life, except in extreme circumstances. Legal requirements for a guardian can be somewhat vague, generally to make decisions that are in the best interest of your ward. However, we have found a more hands on approach brings the best overall solution to our clients.
- We have had a great success in bringing this need before the community and asking for support. We are able to show that Blue Hat Ministries truly bridges the gap where these adults and seniors are falling through the cracks generally because they lack the cognitive ability to consent to services and coordinate their own care plan, rides and more.
- The majority of the costs associated with guardianship is in manpower and the need for staff with a thorough understanding of social services available in our area along with the ability to work with adults/seniors that, because of aging diseases and mental health disorders, can be extremely difficult, even belligerent and more. Although the foundation of Blue Hat Ministries was only possible due to the countless volunteer hours over the course of many years, the future and stability of Blue Hat is only feasible with a stable plan to pay and maintain high quality employees. The amount of things a volunteer can do is limited to light office support, outings with clients and some transportation, but the true work we do consists of handling social security issues, obtaining and securing housing, navigating complex medical issues across multiple specialists over the course of many years and of course it would generally be inappropriate to allow or expect a volunteer to be in charge of such matters.
- As you see on our cost slide; for 2024 we are on pace to be in need of \$69,500 for just our clients that are ages fifty and up and residing in Mason County. Of that we will have a deficit of \$39,330. And ended with a deficit in 2023 of \$33,297.

Cost of Serving 50+ in Mason County



\$69,500
Annual Cost
for Clients
50+



\$39,330
Annual Deficit



2023 Deficit
was \$33,297

50+ Clients Served Annually in Mason County

2023	2024	Expected 2025
22	24	30-35

Estimated Need for Public Guardians in Mason County would force us to increase to at least twice the expected 2025 numbers for just the Mason County Seniors group

Staff

- Currently we have one salaried staff member (paid for working 40 hours a week but truly working 60-70 hours weekly and sometimes more). In addition we have been able to bring on six part-time staff, two committed volunteers plus multiple volunteers for projects and fundraisers. Our team receives multiple calls from Adult Protective Services, Community Mental Health and the Probate Court asking us to take on more guardianships, we approximate this year turning down about 60% of the requests we have received. Based on the need in our area, the true amount of staff needed would be 3 full-time employees and three part-time plus volunteers. This would equip us to handle an influx of more clients as needed by the probate and the community at large.
- As you can see our growing team of staff has been extremely flexible, working very concise hours and at a very “reasonable” pay rate. We are pacing to come in under this number, but with this team working their current number of hours our annual Salary Cost would be \$96,291.

Staff

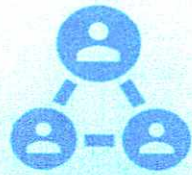
Name	Position
Lena Bluestein	Executive Director
Kristina Smalley	Financial Administrator
Alyssa Gross	Office Administrator
Wendy Rein	Director of Client Services
Sara Brown	Office Assistant
Julianita Esparza-Kenyon	Home Help Aide
Kelley Williamson	Home Help Aide
Total Estimated Annual Labor Costs	\$96,291



Services Provided



Patient
Advocacy and
Medical
Decisions for
Physical and
Mental Health
Issues



Coordination of
Benefits /
Consenting to
Services



Finding, Obtaining
and Maintaining
Housing and
Facilitating
Transition to
Supported Living
arrangements



Budgeting/
Financial
Decisions



Maintaining
Independent
Living with
Emergency
home help and
Coordinating
Continued Care,
when needed



Coordinating
Transportation
Companionship
and Community

Board Members

Member	Title
Jonathan Smalley	President
Daniel Bluestein	Vice President
Lena Bluestein	Chair of the Board
Kristina Smalley	Treasurer
Julie Milowe	Secretary
Jessica Thompson	Board Member
Scott Lakari	Board Member



Would like to point out that we have an excellent board of 7 committed members, hoping to expand to ten members as that would best line up with our By-Laws and goal to have a “working board”, meaning all board members take part in and head up committee throughout the year.

Financial Plan

Our financial plan consists of multiple funding sources. We have a developed fee schedule with which we are able to bill the clients we serve. Unfortunately we serve mostly, but not exclusively, those that have no flexibility in their finances to pay a guardian/conservator, resulting in \$0 able to be billed for their monthly costs. We receive donations from many in our community that support us with small, but consistent monthly gifts and some large one-time gifts. For the past two years, we have been the recipient of multiple grants, the biggest of which was a two-year matching grant from Pennies From Heaven for \$50,000. In addition to this, we have been awarded grants through the Mason County Community Foundation, for specific programs that we have developed such as "Rides with Advocates" and "Empowered Independence". These have been pivotal in helping us develop bookkeeping systems that allow us to quickly and accurately produce records and proof of how all funds are earmarked and only used towards allowable expenses.

We have also received some discouraging denials for support and some that seem to "still be pending." One example was our conversations, seeking federal funding from Area Agency on Aging, which have been turned down, as of yet. The amount we are requesting of the Mason County Senior Millage is what we have not been able to cover by other consistent sources. We have been very fortunate to receive many one time grants in 2023 and 2024, however only a small percentage of those are something we can hope for annually. Because of this we have been extremely frugal with those types of non-earmarked funds received, we hope they will continue to sustain our work until we are able to prove our staying power in Mason County and the irrefutable need for Public Guardians/Conservators that are funded, at least in part, the County.

If we are denied this request from the Senior Millage we will have no choice but to continue relying on the free hours worked by our Executive Director, only take on what clients we can reasonably manage and of course we will pursue other donations and grants. However, the need is great and many are still being left unserved or underserved, it is time for the County to step up to the task of providing funding for this need of Mason County's most vulnerable citizens.

Current, Past and Projected Budgets

Let's take a look at BHM Client Tracking 2024, names have been redacted. There's a lot on this sheet due to the need to have a formula that continually updates to reflect when a client becomes a senior or transitions from age 50+ to 60+. You see the DOB column, that communicates to the age column and that is what determines the highlighted colors you see in the key; the darkest yellow being disqualified from the funding we are discussing today, to the next two lighter shades showing how many of our adults are 50-59.99 and how many are 60+ in case that is of interest. Another factor is that due to our housing crisis, or simply because some other counties do seek our services, some of our seniors may still be disqualified for these funds as they are not residents of Mason County as you can see in the column to the right. So this tool can cross reference those things and give us a few different ways to look at the data and to easily add to it as it changes in the future. We figure our costs at \$250 per person per month. So you see the column of months in care and that is multiplied to give us our cost and then from what we have received from clients that we were able to bill we are left with our deficit. If you look at the bottom right area you can see all these figures determined for All of our clients, the ones outside Mason County, those in each age bracket, but what is most important to this proposal is the bright yellow row titled "Mason County Seniors 50+". And there you will see as of the end of June we are at a deficit of \$19k so further right you will see what that equates to for year end 2024 at \$39,330. On the backside of that we have the completed year for 2023 where we ended with a deficit of \$33,297. The \$39,000 is important as that is what we hope you will consider appropriating from the Senior Millage to Blue Hat Ministries.

Next I'm including our total budget, monthly reconciliations for both 2024 with Pace/Projections and 2023 completed. You can see our multiple venues for funding; recurring, one-time donations, Mileage Reimbursements, Client billing, Court, Grants and we have two well-established and successful annual fundraisers, which as you can see for 2023 brought in over \$30,000. Also wanted to point out the over \$76,000 in grants for 2023 which I think speak to our diligence and tenacity to get this project funded for our clients.

And then to pull things together we've included a summary to review the costs and deficits year over year. And the Annual Budget Overview with a comparison of where we ended 2023, what we budgeted for in 2024 and how that is pacing and what we anticipate for 2025, but that is all dependent on funding either prohibiting and enabling growth for 2025.

2024	Key	Non-Mason Col.,	
	Under 50 - (1975)	50-59 (1965-1974)	60 and Above (1964 -)

07/01/2024

Page

Precious Metals Department	To Bill	#	Type	DOB	Month												Amt Adjusted by Probate or Age (%)	Received Per Client Annual	Age	Number of Months in Care	Annual Deficit	County of Residence																																																																																																																																																																										
					January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024																																																																																																																																																																																
Precious Metals Department	\$18.00	1	GDN	04/03/1958	\$18.00 (2)	\$18.00 (3)	\$18.00	\$18.00 (4)	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	62.24	8	\$1,197.00	Mason																																																																																																																																																																												
	\$83.00	2	GDN	08/20/1968														62.24	1	\$167.00	Mason																																																																																																																																																																											
	\$83.00	3	CA	07/24/1958	\$18.00 (6)	\$30.00 (6)	\$30.00	\$30.00 (7)	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	64.48	8	\$1,137.00	Ottawa																																																																																																																																																																												
	\$33.00	4	GDN	12/13/1978	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	45.59	6	\$1,302.00	Mason																																																																																																																																																																											
	\$0.00	5	CA - F	10/09/1958	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	64.78	8	\$1,500.00	Mason																																																																																																																																																																											
	\$33.00	6	GDN	07/14/1936	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	86.72	6	\$1,302.00	Mason																																																																																																																																																																											
	\$33.00	7	GDN	07/23/1964			\$415.00 (8)	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	66.38	4	\$336.00	Mason																																																																																																																																																																											
	\$33.00	8	GDN	11/26/1978	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	45.62	6	\$1,302.00	Mason																																																																																																																																																																											
	\$33.00	9	GDN	06/16/1981	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	43.07	6	\$1,302.00	Mason																																																																																																																																																																											
	\$250.00	10	GDN-CA	10/30/1941	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	82.73	6	\$0.00	Mason																																																																																																																																																																											
Precious Metals Department	\$95.00	11	CA	02/04/1960	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	64.43	6	\$230.00	Mason																																																																																																																																																																											
	\$0.00	12	GDN	08/29/1930	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	93.98	6	\$890.00	Mason																																																																																																																																																																											
	\$33.00	13	GDN	11/23/1968	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	57.85	6	\$1,302.00	Mason																																																																																																																																																																											
	\$18.00	14	GDN	02/27/1974	\$0.00 (9)	\$18.00 (10)	\$18.00	\$18.00 (11)	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	50.38	6	\$1,215.00	Ottawa																																																																																																																																																																											
	\$0.00	15	CA	08/15/1987	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	36.25	6	\$1,500.00	Mason																																																																																																																																																																											
	\$113.00	16	GDN+	10/03/1961	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	62.79	6	\$822.00	Mason																																																																																																																																																																											
	\$33.00	17	GDN	03/14/1964	\$33.00	\$0.00 (12)	\$188.00 (13)	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	60.32	6	\$1,302.00	Mason																																																																																																																																																																											
	\$33.00	18	CA	02/07/1962	\$0.00 (14)	\$0.00 (15)	\$250.00 (16)	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	32.44	6	\$1,302.00	Manitoba																																																																																																																																																																											
	\$33.00	19	GDN	10/29/1977	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	45.75	6	\$1,302.00	Mason																																																																																																																																																																											
	\$33.00	20	GDN	10/26/1972	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	51.72	6	\$1,302.00	Mason																																																																																																																																																																											
Precious Metals Department	\$33.00	21	GDN	10/24/1968	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	50.54	6	\$1,302.00	Mason																																																																																																																																																																											
	\$95.00	22	CA	09/29/1964	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	56.30	6	\$290.00	Ottawa																																																																																																																																																																											
	\$33.00	23	GDN	01/07/1964	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	50.42	6	\$1,302.00	Mason																																																																																																																																																																											
	\$250.00	24	GDN+	05/04/1938	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	86.22	6	\$0.00	Manitoba																																																																																																																																																																											
	\$95.00	25	CA	10/21/1964					\$0.00 (17)	\$100.00 (18)							\$150.00	29.70	2	\$510.00	Mason																																																																																																																																																																											
	\$95.00	26	CA	02/24/1932	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	92.41	7	\$955.00	Ottawa																																																																																																																																																																											
	\$95.00	27	GDN+	07/29/1971	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	62.36	6	\$950.00	Mason																																																																																																																																																																											
	\$33.00	28	GDN	06/23/1961	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	63.57	6	\$1,302.00	Mason																																																																																																																																																																											
	\$0.00	29	GDN+	01/08/1943	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	81.53	6	\$1,500.00	Mason																																																																																																																																																																											
	\$95.00	30	CA	03/06/1944	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	80.38	6	\$950.00	Mason																																																																																																																																																																											
Precious Metals Department	\$0.00	31	GDN	07/21/1963	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	70.89	6	\$1,500.00	Mason																																																																																																																																																																											
	\$33.00	32	GDN	05/19/1983	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	41.15	6	\$1,302.00	Mason																																																																																																																																																																											
	\$178.00	33	CA3	08/13/1948	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	77.94	6	\$432.00	Mason																																																																																																																																																																											
	\$33.00	34	GDN	07/25/1981	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	43.02	6	\$1,302.00	Mason																																																																																																																																																																											
	\$95.00	35	GDN+	04/26/1949	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	75.23	6	\$930.00	Mason																																																																																																																																																																											
	\$95.00	36	CA	05/30/1981	\$95.00 (19)	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	42.12	6	\$942.00	Mason																																																																																																																																																																											
	\$250.00	37	GDN+	05/19/1944	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	80.17	6	\$0.00	Mason																																																																																																																																																																											
	\$33.00	38	GDN+	12/29/1943			\$0.00	\$0.00 (20)	\$0.00 (21)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	80.82	4	\$1,000.00	Mason																																																																																																																																																																											
	\$33.00	39	GDN	11/13/1943	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	80.69	6	\$1,302.00	Mason																																																																																																																																																																											
	\$0.00	40	GDN	12/23/1963	\$33.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	50.57	6	\$1,417.00	Mason																																																																																																																																																																											
Precious Metals Department	\$33.00	41	GDN	02/20/1965				\$0.00	\$0.00 (22)	\$33.00							\$83.00	59.40	3	\$987.00	Manitoba																																																																																																																																																																											
	\$33.00	42	GDN	09/19/1974	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	48.03	6	\$1,302.00	Mason																																																																																																																																																																											
	\$33.00	43	GDN	07/04/1965	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	56.40	6	\$987.00	Mason																																																																																																																																																																											
	\$178.00	44	GDN+	10/28/1942	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	86.01	6	\$1,302.00	Mason																																																																																																																																																																											
	\$33.00	45	GDN+	09/29/1944		\$368.00 (23)	\$178.00	\$93.00 (24)	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	79.61	6	\$497.00	Mason																																																																																																																																																																											
	\$95.00	46	CA	09/03/1992													\$265.00	30.55	1	\$130.00	Mason																																																																																																																																																																											
	\$95.00	47	CA	03/07/1955	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	65.39	6	\$930.00	Mason																																																																																																																																																																											
	\$33.00	48	GDN+	08/07/1982	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	\$33.00	42.13	6	\$1,302.00	Mason																																																																																																																																																																											
	\$278.00 (25)	49	GDN+	03/26/1920	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	94.33	6	\$268.00	Mason																																																																																																																																																																											
	\$208.00	50	GDN+	11/12/1977	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	46.87	6	\$490.00	Mason																																																																																																																																																																											
\$83.00	51	GDN	08/24/1965	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	59.11	6	\$1,500.00	Mason																																																																																																																																																																												
ALL					\$3,914.30	\$2,525.00	\$5,886.00	\$4,210.00	\$4,210.00	\$4,883.00	\$465.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0

Blue Hat Ministries Client Tracking

[illegible]

Annual Projections

6 Months Completed

	Incoming	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	Annual Totals	
	AutoBooks Recurring Donations	\$1,510.00	\$490.00	\$978.08	\$511.81	\$511.81	\$958.42							\$4,827.12	\$9,874.24
	Individual and Church Donations	\$959.07	\$1,538.50 [1]	\$752.13	\$557.56	\$1,121.73	\$743.73 [2]							\$6,219.72	\$12,439.44
	MTC and Mileage Reimbo	\$1,183.83	\$348.05	\$1,304.90	\$1,098.80	\$692.25	\$170.49							\$5,048.12	\$10,096.24
	Client Reimbursement - Home Help Res	\$1,577.47	\$380.00	\$1,080.00 [3]	\$1,326.14	\$2,114.53	\$230.00							\$7,088.54	\$14,177.08
	Client Monthly Payments	\$4,116.00	\$4,057.00	\$5,317.00	\$4,341.00	\$4,438.00	\$3,550.00							\$29,847.00	\$57,694.00
	OMH Court	\$250.00	\$325.00		\$195.00	\$195.00	\$195.00							\$1,170.00	\$2,340.00
	Grants	\$1,000.00 [4]	\$11,500.00 [5]											\$12,500.00	\$25,000.00
	Bar Married Grants					\$2,900.00 [6]								\$2,900.00	\$5,800.00
	June Oct Fundraising Events				\$1,300.00 [7]	\$20,601.77 [8]								\$22,761.77	\$45,403.54
	Incoming Total	\$10,596.17	\$19,906.55	\$9,722.11	\$8,358.31	\$14,041.72	\$29,586.41	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$91,310.21	\$182,620.64
	Expenses														
	Employees	\$8,202.18	\$7,103.17	\$8,191.49	\$5,954.80	\$8,034.23	\$7,309.21							\$42,585.78	\$85,171.62
	Client Needs General	\$189.21	\$148.73	\$309.10	\$1,472.01	\$485.84	\$102.20							\$2,706.89	\$5,413.78
	Gas for BHM Vehicle	\$213.88	\$143.52	\$290.57	\$242.83	\$240.90	\$92.17							\$1,353.47	\$2,798.94
	Manager Reimbursement	\$50.00				\$105.54								\$155.54	\$317.08
	Vehicle Expense	\$1,145.00	\$193.48	\$103.42	\$104.94	\$97.05	\$742.38 [9]							\$2,366.77	\$4,733.54
	Fundraiser Cost		\$764.73		\$373.20	\$100.83	\$1,852.65 [10]							\$3,091.21	\$6,182.42
	Office	\$923.17	\$1,350.14 [11]	\$290.27	\$473.73	\$50.24	\$53.90							\$3,138.35	\$6,277.70
	Phone			\$153.53	\$53.72	\$20.85	\$1,641.81							\$1,769.91	\$3,539.82
	Marketing		\$85.00 [12]	\$80.80 [13]										\$145.80	\$297.60
	Donation Fees	\$61.29	\$21.55	\$39.64	\$23.37	\$23.37	\$204.65							\$373.89	\$747.78
	Employee Taxes & UTA	\$7,383.45		\$589.37 [14]	\$5,752.26	\$996.71	\$2,403.89							\$17,125.55	\$34,251.10
	Legal Fees				\$1,440.00									\$1,440.00	\$2,880.00
	Transfer to MGCF or Money Market						\$600.00 [15]								0
	Insurance (Liability/Vehicle)						\$4,448.83							\$4,448.83	\$8,897.66
2023 End Balance	\$59,310.72														
	Expense Total	\$18,182.96	\$19,033.33	\$19,958.19	\$15,890.56	\$10,228.75	\$19,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,448.83	\$102,333.76
	Account Transfers		\$40,000.00 [16]											\$40,000.00	\$162,487.80
	Balance	-\$7,587.79	\$8,373.22	\$1,763.82	-\$7,532.35	\$3,812.95	\$10,735.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,056.37	
	Account Total	\$51,722.93	\$20,596.15	\$22,586.07	\$14,327.72	\$18,854.68	\$29,377.09	\$29,377.09	\$29,377.09	\$29,377.09	\$29,377.09	\$29,377.09	\$29,377.09	\$333,757.15	
	WSB Totals	\$51,722.93	\$20,596.15	\$22,586.07	\$14,827.72	\$19,840.88	\$29,377.09							\$157,524.54	
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,377.09	\$29,377.09	\$29,377.09	\$29,377.09	\$29,377.09	\$29,377.09		

2023

	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	Annual Totals
Incoming													
AutoBooks Recurring Donations	\$1,105.00	\$805.00	\$855.00	\$905.00	\$505.00	\$605.00	\$785.00	\$660.00	\$787.23	\$1,487.07	\$530.00	\$330.00	\$8,319.20
Individual and Church Donations	\$1,951.88	\$6,644.29 [1]	\$12,648.97 [2]	\$689.60	\$534.62	\$834.52	\$1,407.76	\$518.34	\$536.06	\$627.82	\$1,303.18	\$9,439.04 [3]	\$37,126.58
MTC and Mileage Reimb	\$4,019.30		\$95.15	-\$184.50	-\$194.25	\$2,347.50	\$2,571.75	-\$158.24	\$287.32	\$1,819.58	\$923.55	\$557.03	\$12,084.19
Client Reimbursement	\$727.27	\$234.85		\$1,450.00		\$1,047.54	\$556.21	\$374.77	\$235.59		\$235.57	\$180.00	\$5,942.00
Client Monthly Payments				\$3,418.00	\$3,156.00	\$3,962.00	\$4,086.00	\$3,208.57		\$8,652.00	\$4,310.00	\$5,831.00	\$34,023.57
CMH/Court									\$2,750.00 [4]		\$615.00		\$3,365.00
Grants		\$10,000.00 [5]	\$2,000.00 [6]	\$13,500.00 [7]		\$1,000.00 [8]	\$42,850.00 [9]	\$1,000.00 [10]		\$1,500.00 [11]			\$71,650.00
Ear Marked Grants											\$5,000.00 [12]		\$5,000.00
June-Oct Fundraising Events					\$5,000.00 [13]	\$19,990.00 [14]	\$1,200.00 [15]			\$1,200.00 [16]	\$2,956.00 [17]		\$30,346.00
BHS Payroll Reimbursement			\$8,241.53	\$249.00									\$8,490.53
Incoming Total	\$7,803.25	\$17,484.24	\$21,640.65	\$19,638.10	\$9,091.37	\$29,686.56	\$53,256.72	\$5,503.14	\$4,556.30	\$13,196.47	\$15,573.30	\$15,137.07	\$213,447.17
Expenses													
Employees	\$6,773.34	\$6,682.80	\$7,435.49		\$13,014.05	\$6,850.57	\$9,146.25	\$5,410.47	\$5,885.23	\$6,814.87	\$6,703.50	\$4,556.76	\$78,073.35
Client Needs General	\$627.73	\$719.84	\$2,215.31	\$383.18	\$450.95	\$2,063.57	\$2,471.60	\$2,728.35	\$727.59	\$312.00	\$735.74	\$856.00	\$14,592.73
Gas for BHM Vehicle						\$130.81	\$129.77	\$166.78	\$195.35			\$50.73	\$573.24
Mileage Reimbursement	\$458.58		\$67.86	\$584.72		\$1,561.01			\$200.00				\$2,870.18
Vehicle Expense		\$1,076.62					\$85.40	\$2,168.53	\$85.40			\$28,683.09 [18]	\$29,999.04
Fundraiser Expense	\$180.00 [19]				\$755.29	\$2,335.83	\$98.57	\$174.85	\$272.10	\$1,214.62	\$301.78	\$31.78	\$5,335.10
Office	\$153.26		\$465.11	\$498.20	\$44.07	\$156.55	\$241.68	\$363.63	\$243.52	\$88.00	\$440.33 [20]	\$1,037.51 [21]	\$3,699.26
Donation Fees	\$37.57	\$25.12	\$23.47	\$24.37	\$22.88	\$72.49	\$31.85	\$23.80	\$31.03	\$51.39	\$23.80	\$23.80	\$389.37
Employee Taxes & UIA													
Transfer to MOCF or Money Market		\$10,000.00 [22]		\$10,000.00 [23]	\$5,000.00 [24]	\$3,500.00 [25]	\$50.00 [26]			\$841.78		\$367.00	\$1,008.76
Liability Insurance						\$4,679.25							\$4,679.25
Expense Total	\$7,498.49	\$18,504.16	\$10,208.24	\$11,460.47	\$19,287.24	\$21,349.98	\$12,254.92	\$11,034.11	\$7,740.49	\$9,120.64	\$8,205.13	\$33,506.57	\$169,670.66
Balance	\$304.75	-\$1,019.34	\$11,432.41	\$8,177.63	-\$10,285.87	\$8,336.58	\$41,001.80	-\$5,531.27	-\$2,884.19	\$4,045.83	\$7,368.17	-\$17,369.60	\$43,576.31
Account Total	\$18,039.17	\$15,019.23	\$26,451.84	\$34,829.27	\$24,343.40	\$32,879.98	\$73,881.78	\$68,150.51	\$65,286.32	\$69,312.15	\$76,680.32	\$69,310.72	\$561,564.49
WSB Totals	\$18,039.17	\$15,019.23	\$26,451.84	\$34,829.27	\$24,343.40	\$32,879.98	\$73,881.78	\$68,150.51	\$65,286.32	\$69,312.15	\$76,680.32	\$69,310.72	\$561,564.49
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

2022 End Balance

\$15,734.41

Summary

Year Over Year Senior Clients 60+ Mason County			
	2023 Final	2024 Pace	2025 Projected
Unit = each person each month	237	278	400
Unique persons	25	25	36
Cost	\$59,250.00	\$69,500.00	\$100,000.00
Deficit	\$33,267.00	\$39,330.00	\$56,197.47

Annual Budget Overview

Incoming	2023 Final	2024 Budget	2024 Pace Midyear	2025 Projected	
AutoBooks/Recurring Donations	\$8,319.30	\$12,000.00	\$9,674.24	\$22,000.00	Hoping to increase grassroots monthly support
Individual and Church Donations	\$37,126.58	\$33,000.00	\$12,439.44	\$24,000.00	Hoping to increase church and business support
MTC and Mileage Reimb	\$12,084.19	\$12,000.00	\$10,092.24	\$1,000.00	Lost MTC funding, attempting to replace with grants for transportation
Client Reimbursement Home Help Reim	\$5,042.00	\$10,000.00	\$14,177.08	\$14,000.00	Dependent on amount that goes out, what can come in
Client Monthly Payments	\$40,514.10	\$40,000.00	\$57,694.00	\$60,000.00	Could increase assuming on average 2 new clients/month, but based on ability to pay
GMH Court	\$3,365.00	\$10,000.00	\$2,340.00	\$9,000.00	Pending Response for over a year
Grants	\$60,600.00	\$30,000.00	\$25,000.00	\$25,000.00	Consistent Grants annually 10k HOF
Ear Marked Grants	\$5,000.00	\$8,000.00	\$5,800.00	\$12,000.00	Mainly MCCF Spring and Fall Grant Rounds to specific projects
June/Oct Fundraising Events	\$27,846.00	\$35,000.00	\$44,403.54	\$50,000.00	
Senior Millage				\$30,000.00	Pending Appropriations Req
Incoming Total	\$199,897.17	\$188,000.00	\$181,620.54	\$247,000.00	
Expenses					
Employees	\$78,073.33	\$105,000.00	\$85,171.52	\$145,000.00	
Client Needs General	\$14,592.73	\$15,000.00	\$5,413.78	\$10,000.00	
Gas for BHM Vehicle	\$673.24	\$3,500.00	\$2,786.94	\$3,500.00	
Mileage Reimbursement	\$2,870.18	\$1,000.00	\$317.08	\$1,000.00	
Vehicle Expense	\$29,999.04	\$8,500.00	\$4,773.54	\$20,000.00	
Fundraiser Cost	\$5,335.10	\$8,000.00	\$6,182.42	\$7,000.00	
Office / Utilities	\$3,699.88	\$7,000.00	\$9,812.52	\$7,500.00	
Marketing	\$0.00	\$1,000.00	\$297.60	\$3,000.00	
Donation Fees	\$389.37	\$500.00	\$747.78	\$1,000.00	
Employee Taxes & UIA	\$1,008.78	\$35,000.00	\$34,211.36	\$40,000.00	
Legal Fees	\$0.00	\$3,000.00	\$2,880.00	\$4,000.00	
Insurance (Liability, Vehicle)	\$4,679.25	\$4,500.00	\$4,500.00	\$5,000.00	
Expense Total	\$156,320.86	\$188,000.00	\$161,487.80	\$247,000.00	

Request:

Lastly, I hope you'll take a peak at a couple of our previous quarterly newsletters so you can see more of the heart and successes of Blue Hat Ministries! We are grateful for your time and hope that all those involved in this process will see the need for our request, the importance of this work for vulnerable seniors and the trustworthiness of Blue Hat Ministry as a recipient of those funds.



Blue Hat Ministries

Despite rain and wind - clients, volunteers and many from the community came to show their support and have a great time with classic and new games and more food than ever before! This fall has been full of different groups in the community catching onto our vision and supporting us by volunteering and giving. Even the clients are noticing your immense support. We continue to need your help and hope to have the resources to serve many more dependent adults in the seasons to come!

Annual Harvest Festival '23



As the year comes to a close please consider an end of year donation or becoming a monthly supporter,



I want to tell you about this sweet soul that our ministry was asked to take on just a couple of years ago. When we first met it took some definite tender, loving, care to get Ken feeling like himself again. We worked hard on his behalf and together with him. Ken needed someone to advocate for him as someone whose mental health kept him from being able to live on his own but also made it hard for him to get along with staff in his multitude of different group homes. In one of his moments of frustration, he shared that he spent 30 years in group homes. When we discovered stage four cancer after months of investigating unexplained pain we were there to transition Ken to the care he needed. I miss Ken. He was one of my clients that called daily, certainly had a gruff side, but knew how to be grateful and kind. I feel a certain peace for Ken and feel it was a unique honor to

Serve him till the End.



As always you can contact us at
bluestein.bluehat@gmail.com
 PO Box 709 Ludinton, MI 49431
 or call Gena at 231-233-7965

>>>SUMMER 2023<<<

BLUE HAT MINISTRIES

Volunteers / Partnership / Fund Raising



CELEBRATING LIFE TOGETHER AS FAMILY

EVENING OF FINE DINING A SUCCESS!

Thank you to all the volunteers and donors that made the 2023 Evening of Fine Dining such a success! We raised \$25,000 from that evening and are welcoming two new members to our Board. The \$25,000 is being matched by Heaven's Gate Ministries and we are so grateful for all the work we can do for our dependent Adult Children. We are honored that people gave that night has been perfect to our vision. Let me tell you about it. (Arlene)

SUPPORTING CLIENTS
TO GET WORKING

SHARING HOLIDAYS TOGETHER



PARTNERSHIP WITH AFC'S

ADULT FOSTER CARE HOMES SUPPORTED

By BHM and AFC

>>> DILEMMA

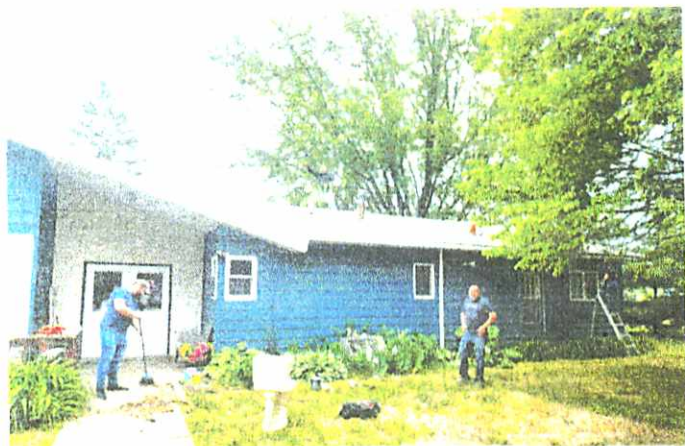
As I began my journey seeing all the different housing arrangements available for adults that are dependent on a lot more help, I learned about adult foster care homes, AFC's, and group homes. As is the case with foster care of minors, there is also a waiting list for a care home for dependent adults, which discourages well-meaning business owners from embarking on the venture of owning and operating an AFC. There is also an extreme lack of funding and support for AFC's so in just the last 5 years we have seen multiple homes in Marion County alone close their doors. This leaves our clients, and many like them, desperate for a place to live that will provide them with staff for medications and meals. These homes also report difficulty finding an employee willing and able to work long hours and underappreciated.

>>> SOLUTION

Our team has been asking ourselves how we can support these homes and help them keep them open. We want to provide solutions, not excuses. We also realize how much work it takes to care for 6-20 disabled adults, so when we see buildings and yards in need of some assistance, we want to help by providing solutions and resources. Just recently, we taught up on a mission trip in a foreign country to help those that are poor and in need of physical health. We have that same heart with the AFC's in Marion County. We have had small groups of volunteers helping out before this, but some are proud to report that this last month with a group that chose to give one week of their time, we were able to clean up the yard, trim trees, with a group of 10 people, and replace a bathroom floor for one of our local AFC's.

SUPER VOLUNTEERS

The owners and staff of the AFC reported that they were very impressed by the volunteers' kindness toward the residents and their hard work! Some of the volunteers have since approached me about wanting to do more volunteer work like this, as they didn't even know about these homes and how much help they needed! It was a group effort - as this company brought the volunteers and covered expenses such as hauling away waste and more, BHM brought in volunteers for the following days of finishing the floor project and donated the new bathroom vanity!



HARVEST FESTIVAL FUNDRAISER IS JUST AROUND THE CORNER!!

2

Friday, October 27, 5-9pm at the Inn at Fudington

NEW EVENT PLAN

FESTIVAL HIGHLIGHTS

Set at a historic Inn - originally owned by Pharmacist Dr Latimer
- you start your evening with a drink of his **Youth Elixir!**

Take a tour through the many

Garden Games with Prizes!

Then purchase a **Renaissance Style Smoked Turkey Leg!**

Schedule your night around our events such as

Pie Eating Contests, Sack Races and more!

Watch for more details to come on our facebook

>>> VOLUNTEERS NEEDED

- Help us with planning and decorating the days and weeks prior
- Or just come the day of and man a game or food stand!
- Any help is appreciated
- Contact Lena to see where you can best be used

>>> FOCUS ON RAISING MONTHLY SUPPORT

While our grants and large donors have been a phenomenal help in the past we know that our long term staying power is in people that support us monthly! We have a great and easy income setup for the online at www.biblefaithmission.org/donate

at the Home of Christ we will be on our proudest days of time for all ages while taking the opportunity to share how much can be done for dependent adults with monthly giving, on a one on one basis!

>>> KICK START

If you have been on the fence about becoming monthly givers - here are some things your money can go a long ways in supporting -

\$25/ month - grocery and cooking support to two adults

\$50/ month - rides to medical appointments for five adults

\$100/ month - residence repairs, needed furniture and more!

Go ahead and start your giving today!



Howe, Annette R.

From: Knizacky, Fabian
Sent: Monday, July 8, 2024 11:31 AM
To: Howe, Annette R.
Subject: FW: LFC Senior Millage Request
Attachments: Sr LFC Member Millage LOS.pdf; DHD10_LOS_Lake Shore Food Club.pdf; M Smith Letter of Support.pdf; S Howe Letter of Support.pdf; 2023 Lakeshore Food Club 990 - Draft.pdf; 2025 Sr Millage Request - LFC.pdf; 2024 Budget - Simple - Approved.pdf

Importance: High

Please print the attached documents Annette.

Thanks,

Fabian L. Knizacky
Mason County Administrator
5300 W. US 10 Highway
Ludington, MI 49431
(P) 231-843-7999
(F) 231-843-1972

This e-mail system is the property of the County of Mason. All data and other electronic messages within this system are the property of the County of Mason. E-mail messages in this system may be considered County Records and therefore may be subject to Freedom of Information Act requests and other legal disclosure.

From: O'Nealya Gronstal <ogronstal@lakeshorefoodclub.org>
Sent: Monday, July 8, 2024 11:12 AM
To: Knizacky, Fabian <fknizacky@masoncounty.net>
Subject: LFC Senior Millage Request
Importance: High

CAUTION: This email originated outside of Mason County's networks. Do not click links, reply or open attachments unless you have verified its authenticity.

Good Morning Fabian,
I have attached Lakeshore Food Club's request for 2025 Senior Millage.

Our 990 is in draft form, having been completed at the end of June. It is to be approved by the Board of Directors on July 25.

I have attached the simplified budget used for all grants. *If you need a detailed budget, please let me know.* We do not have line items specifically for senior services, as we have never received senior-specific funding. My proposal details how we specify and categorize senior services through our comprehensive data collection.

Our 2025 operational budget will include line items detailing our senior services.

Also included are several letters of support from community members and several of our senior members.

Please let me know if you need anything else to submit this request.

I appreciate this opportunity and am grateful for the time you spent walking me through this process.

Kind Regards,

O'Nealya

O'Nealya Gronstal
Executive Director



920 East Tinkham
Ludington MI 49431
317.417.5231 cell | 231.480.4334 office

LFC 2024 Operating Budget
Final - Approved 12/19/23

Revenue	Amount
Donation Contributions	\$ 368,544.24
Grants	\$ 288,000.00
Fundraising	\$ 214,000.00
Restricted Income	\$ 107,000.00
Total Income	\$ 977,544.24
Expenses	
Personnel Salaries Taxes & Benefits	\$ 351,373.60
Contract Services	\$ 70,800.00
Development/Fundraising	\$ 45,319.00
Program	\$ 457,615.00
Operations	\$ 38,369.65
Total Expenses	\$ 963,477.25
Net Surplus/Deficit	\$ 14,066.99



Contact:

O'Nealya Gronstal, Executive Director

920 East Tinkham Ave., Ludington

ogronstal@lakeshorefoodclub.org | 317.417.5231

Proposal Summary:

Lakeshore Food Club urgently requests county senior millage dollars to support our vital mission of providing dignified access to fresh, healthy food for our vulnerable senior neighbors. Your support is essential in advancing our impactful work and transforming the lives of our senior population.

Since opening in 2017, Lakeshore Food Club has diligently addressed senior citizens' unique challenges in accessing fresh, healthy food options. Proper nutrition is crucial for maintaining good health and preventing chronic diseases as we age. Unfortunately, many seniors in our community struggle to access affordable, nutritious food, leading to adverse health outcomes and reduced quality of life. With targeted support through county millage dollars, we can profoundly enhance the well-being and health outcomes of our senior population, ensuring they live with dignity and security.

Organizational Background and Programming Overview:

Lakeshore Food Club stands apart from traditional grocery stores, food pantries, and food banks by operating as an income- and membership-based nonprofit. To qualify for membership, households must be at or below 200% of the current Federal Poverty Guidelines. Members pay a nominal membership fee of \$10-16 and receive 60-150 points to shop, based on household size. This innovative, dignity-preserving model enables us to sustainably serve our community.

Members enjoy the flexibility of using their points as frequently as needed within their 30-day membership period. This includes unhoused members who shop daily and those facing transportation barriers who can only shop monthly.

Our month-to-month membership retention rate exceeds 90%. Members have full autonomy to shop our aisles, similar to a traditional grocery store, empowering them to make personalized food choices and uphold their dignity.

Our inventory at Lakeshore Food Club includes foods found in small grocery stores, with a strong emphasis on fresh, healthy options. We incentivize healthy eating by pricing these foods with the lowest

points. For example, a pound of fresh produce is only one point, while a bag of potato chips is four to six points. Notably, we do not purchase potato chips; they are only available if donated.

We are deeply committed to sourcing fresh foods grown or produced locally or regionally. We practice a triple-bottom-line approach, benefiting our members with the freshest, healthiest foods possible, bolstering the local economy, and fortifying the local farming community.

Data Collection:

Upon joining, members complete an intake form that collects comprehensive information, including the household name, address, names and birthdays of all household members, school district(s) students attend, income, employment status (including place of employment), veteran status, State/Federal benefits received (SNAP, WIC, etc.), and housing status.

We also ask what other services and support the household may need. Not surprisingly, housing is currently the most requested support. We verify member addresses and any change in household members whenever a member checks in before shopping.

We survey our members upon intake, after six months of membership, and then annually throughout their membership. Survey questions include improvement in food access and choice, improvement of overall health, increase in food security (enough food in the house, not skipping meals), and an increase in consumption of fresh fruits and vegetables.

While our program includes individuals of all ages and all demographics, our data collection is so minute that we can pull any data needed from our membership. This request is for senior millage funding, so for the remainder of this document, only senior data will be shared:

An example Senior Member (all facts are true, address and name not shared to protect the privacy of member):

- **Member Account Number:** 11480
- **Address:** XXX W. Pine View Court, Ludington
- **Number of Household Members:** 2 (1 male and 1 female)
- **Ages of Households Members:** 83 and 83
- **Combined Household Income:** \$27,000 annually
- **Number of Seniors in Household:** 2
- **Number of Veterans in Household:** 1
- **State/Federal Benefits Received:** 0
- **Number of Shopping Trips (7/1/23 - 7/1/24):** 49
- **Number of Items Purchased (7/1/23 – 7/1/24):** 776
- **Membership Created:** Before 9/29/21 (new software was installed in September 2021, and old data was unable to transfer to the new platform)

Our data also includes a comprehensive list of every shopping date and the items chosen.
A random sampling of 3 of their shopping trips in the last 12 months:

Date	Items Purchased	Quantity Purchased	Points Spent
6/29/24	Bulk Produce by Pound	11	11
4/18/24			
	1.1 to 5 Pounds Frozen Protein	3	12
	Fresh Produce by Pound	7	7
	Enchilada Sauce, canned	2	4
	Seasoning, packet	1	2
	Milk, ½ Gallon	1	2
	Green Beans, canned	4	4
	Snack, small bagged	1	4
10/9/23			
	Fresh Produce by Pound	5	5
	Stewed Tomatoes, canned	1	1
	Green Beans, canned	2	2
	Personal Hygiene Item	1	1
	Yogurt, assorted, single serve	8	2
	Up to 1 Pound Frozen Protein	1	3
	Cream Cheese	1	3
	Frozen Vegetable, bagged	2	2
	English Muffins	1	2
	Frozen Vegetables, Stir Fry with Rice	2	2
	Tomatoes and Green Chilis, canned	3	3

Senior Membership Overview:

Between July 1, 2023, and July 1, 2024, 13,105 transactions of the 26,449 total transactions that ran through our register were to senior households, or **49.54%**.

In that same period, we have served **694 unique, unduplicated senior households representing 908 senior individuals.**

Senior Membership by Zip Code:

Zip Code	% of Households
49402	6.35%
49405	4.80%
49410	7.55%
49411	3.26%
49431	59.52%
49449	2.06%
49454	14.92%
49458	1.54%

Interestingly, a significantly higher proportion of seniors live outside the 49431 townships than non-senior households. For non-senior households, 68% reside within the 49431 townships.

Current Programming Costs:

The overall cost per point to the Lakeshore Food Club is currently \$0.93. Membership fees are \$10 per month for a single household and \$12 for a two-person household (average senior household size). Due to USDA requirements, membership fees cannot be used to purchase food. Instead, these fees are allocated to our non-food essential program expenses such as rent, some payroll expenses, transportation, pest control, and other operational costs.

Providing a single member 60 points per month is \$55.80 or \$670.38 annually. The average senior household, consisting of two members and receiving 90 points, incurs a monthly cost of \$83.70 or \$1,004.40 annually.

After accounting for membership fees and any in-kind donations (donated food through food rescue or other donation streams), the deficit required to sustain programming for the current membership is \$45.80 per month or \$660.38 annually per single household and \$71.70 per month or \$860.40 annually per two-person household. This deficit must be met through local fundraising and grants.

Programming Gaps:

More than 45% of Mason County's population currently qualifies for membership at the Lakeshore Food Club, and the fastest-growing demographic in the county is individuals aged 60 and older. Recognizing these trends, the executive staff and board of directors have established a strategic goal to expand our reach to the county's outlying areas and reach seniors who do not know they qualify for our services. In the county's outlying areas, transportation barriers significantly hinder food access, with residents often relying on convenience stores and being situated more than 20 miles from a grocery store.

Understanding that seniors have unique needs compared to younger families, and with nearly 50% of our store transactions involving senior members, we are dedicating this summer to interviewing seniors throughout the county (both members and non-members) to ensure our programming effectively addresses their needs.

We are conducting senior focus groups throughout Mason County, facilitated by a graduate-level dietary student intern from Grand Valley State University. In mid-June, she began interviewing seniors at various locations, including all the county's senior centers, the senior expo, and other venues. From these interviews, we identify transportation and inflation of basic need expenses as the two most significant barriers to food access. Many seniors have expressed that they must prioritize housing, utilities, medical bills, and prescriptions over food.

Seventy-five percent of participants report having chronic health issues, with diabetes, heart disease, and high blood pressure being the most common. Proper nutrition can manage or even improve these conditions. Over half of the participants who qualified but were not members admitted to not consuming healthy foods such as fresh produce, dairy, and proteins. *(The leading reason for not being a member was they did not know they qualified).*

Participants who are members of the Lakeshore Food Club indicated that LFC is their primary source for purchasing food. Due to the ever-rising cost of food, they avoid grocery stores as much as possible and only use them to supplement the food they cannot obtain at LFC or after they have exhausted their monthly points.

It is important to note that this is contrary to the Lakeshore Food Club's original design, which was intended to supplement food benefits and budgets, typically towards the end of the month.

When asked how Lakeshore Food Club could better meet the unique needs of seniors, every participant emphasized the need for a ***delivery service*** and a variety of ***prepackaged healthy meal kits*** like subscription meal kits such as Hello Fresh or Blue Apron.

Seniors expressed a strong preference for avoiding waste and highlighted the importance of having the ability to choose their healthy meal kits rather than receiving predetermined options. They noted that food boxes from mobile or traditional food pantries often do not meet their nutritional needs, do not allow client choice, and fail to consider the smaller household sizes of seniors. Specifically, they requested meal kits with pre-portioned ingredients designed to serve one or two people to prevent the waste associated with larger servings meant for four or six people.

Each participant has requested delivery service to reach those in the outlying areas. Even those who still drive or have reliable transportation felt that delivery service of their groceries would allow them to reallocate funds needed for other needs. One participant shared that public transportation costs \$4 to come to the Food Club or Meijer and \$4 to return home. That \$8 per trip savings would allow them to reallocate a minimum of \$32 to other monthly expenses.

These requests align with discussions among LFC staff, particularly as we plan to expand into the eastern part of Mason County. We believe that to reach the outlying, underserved areas, we must provide delivery

services. If someone does not have reliable transportation to the LFC in Ludington, they do not have reliable transportation not within walking distance of their home.

Funding Request:

As detailed above, many seniors rely solely on Lakeshore Food Club for food security. To sustain our operations and meet the needs of the growing senior population, we must secure funding that is not dependent on fundraising or competitive grants.

Local philanthropy in a small community faces inherent instability due to the multitude of pressing needs that must be addressed by numerous deserving organizations. The competition for limited resources often leaves essential programs vulnerable. This is why securing senior millage funding is crucial to our funding strategy. It provides a consistent and reliable funding stream that ensures sustainable impact and service continuity for our senior population.

We propose a funding request of \$0.465 for every point used by seniors aged 60 and over in 2025 (noting that Mason County defines seniors as 50 and over).

In the membership example above, Account 11480 purchased 11 pounds of produce on June 29, 2024, which cost 11 points. This proposal would allow us to invoice the county for \$5.11.

Based on data indicating that 49.54% of all points were used by seniors over the past 12 months, we could have invoiced the county for \$81,462.88.

This amount equates to \$89.72 per senior served for the entire year. To break it down further, just \$7.48 per month provides 30 days of fresh, healthy food access. By securing senior millage funding, Lakeshore Food Club can reallocate resources and pursue grant opportunities to enhance senior-specific programming, such as delivery services for those with transportation barriers or homebound individuals who wish to prepare and choose their meals.

Reporting Commitment to the County:

You will receive a detailed report for every senior member in Mason County each month. This report will include names, ages, addresses, shopping dates, items selected, and points used. We can provide as much or as little detail and comprehensiveness as you require.

Closing Statement:

In conclusion, securing senior millage funding is paramount for Lakeshore Food Club to continue providing essential food security to our senior population. With over 45% of Mason County's residents eligible for our services and a significant portion of our transactions involving seniors, our program is indispensable to their well-being. Supporting our request for \$0.465 per point used by seniors aged 60 and over will ensure the sustainability of our current operations and enable us to expand our senior-specific programming, including critical delivery services.

We are committed to addressing our senior members' unique challenges and ensuring they have dignified access to fresh, healthy food. Your support will help us maintain the quality and reach of our services and allow us to adapt and grow to meet the evolving needs of Mason County's senior population.

Thank you for considering our proposal and for your ongoing commitment to the health and well-being of our community.

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

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879TE for the latest information.**2023**Department of the Treasury
Internal Revenue Service

Name of filer

LAKESHORE FOOD CLUB

EIN or SSN

81-4673437Name and title of officer or person subject to tax **O'NEALYA GRONSTAL
EXECUTIVE DIRECTOR****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 1,461,970.
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

2023 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 **UHY ADVISORS GREAT LAKES, INC.** to enter my PIN **73437**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 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 2023 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 **06/30/24****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.

38828010405

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 **KELLIE A. JOHNSON**Date **06/13/24****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8879-TE** (2023)

EXTENDED TO NOVEMBER 15, 2024
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending		D Employer identification number 81-4673437
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAKE SHORE FOOD CLUB	
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
	920 EAST TINKAM AVENUE	
	City or town, state or province, country, and ZIP or foreign postal code LUDINGTON, MI 49431	
F Name and address of principal officer: O'NEALYA GRONSTAL SAME AS C ABOVE		E Telephone number 231-480-4334
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 1,484,891.
J Website: WWW.LAKESHOREFOODCLUB.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
L Year of formation: 2017		H(c) Group exemption number
M State of legal domicile: MI		

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE DIGNIFIED ACCESS TO NUTRITIOUS FOOD AND RESOURCES TO THOSE IN NEED IN OUR COMMUNITY.		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	70
	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	661,767.	1,409,075.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,631.	3,345.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,923.	49,550.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	697,321.	1,461,970.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	484,105.	1,095,958.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	110,236.	210,188.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,550.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	79,617.	127,084.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	673,958.	1,433,230.
	20 Total assets (Part X, line 16)	23,363.	28,740.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	436,458.	492,117.
		8,665.	35,584.
		427,793.	456,533.

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 O'NEALYA GRONSTAL, EXECUTIVE DIRECTOR		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name KELLIE A. JOHNSON	Preparer's signature KELLIE A. JOHNSON	Date 06/13/24
	Firm's name UHY ADVISORS GREAT LAKES, INC.	Firm's EIN 38-1910111	Check if self-employed <input type="checkbox"/> PTIN P02180673
	Firm's address 134 W. HARRIS STREET CADILLAC, MI 49601	Phone no. 231-775-9789	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

TO PROVIDE DIGNIFIED ACCESS TO HEALTHY FOODS AND OTHER ESSENTIAL RESOURCES TO THOSE IN NEED.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 \$ 41,093. including grants of \$) (Revenue \$)
LAKESHORE FOOD FOR KIDS FOOD CLUB AND FOOD CLUB/BACKPACK PROGRAM AT GATEWAY TO SUCCESS ACADEMY IN SCOTTVILLE, MICHIGAN.4b (Code:) (Expenses \$ 1,276,097. including grants of \$ 1,095,958.) (Revenue \$)
SUPPORT PEOPLE IN NEED IN THE COMMUNITY.

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 1,317,190.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>		X
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>		X
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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>		X
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>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

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	22 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	23	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	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	25b	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	26	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	27	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	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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	33	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	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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	1a 3	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a <u>5</u>		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b <input checked="" type="checkbox"/>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	<input checked="" type="checkbox"/>
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	<input checked="" type="checkbox"/>
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.	17	

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	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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
HARTWICK, GARANT & GARANT - 989-249-6440
350 ST. ANDREWS ROAD, SUITE 250, SAGINAW, MI 48638

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) O'NEALYA GRONSTAL EXECUTIVE DIRECTOR	45.00	X		X				70,000.	0.	0.
(2) ERIN BARRETT CHAIR	1.00	X		X				0.	0.	0.
(3) MARK BOON DIRECTOR	1.00	X						0.	0.	0.
(4) TINA PRIESE DIRECTOR	1.00	X						0.	0.	0.
(5) TED GEDRA VICE CHAIR	1.00	X		X				0.	0.	0.
(6) STEVE HOWELL DIRECTOR	1.00	X						0.	0.	0.
(7) BETH MCGILL-RIZER DIRECTOR	1.00	X						0.	0.	0.
(8) KALEY PETERSEN VICE CHAIR	1.00	X		X				0.	0.	0.
(9) MERYL SMITH DIRECTOR	1.00	X						0.	0.	0.
(10) CONNIE TEWES TREASURER	1.00	X		X				0.	0.	0.
(11) JOHN TREZANO DIRECTOR	1.00	X						0.	0.	0.
(12) COLLEEN UNSAL SECRETARY	1.00	X		X				0.	0.	0.
(13) JIM YOUNG DIRECTOR	1.00	X						0.	0.	0.
(14) KRISTI ZIMMERMAN DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	164,688.				
	c Fundraising events	1c	97,094.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	32,950.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,114,343.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 724,208.				
	h Total. Add lines 1a-1f		1,409,075.				
	Business Code						
Program Service Revenue	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,345.	3,345.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	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		(i) Securities	(ii) Other			
		7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 97,094. of contributions reported on line 1c). See Part IV, line 18	8a	72,471.				
	b Less: direct expenses	8b	22,921.				
	c Net income or (loss) from fundraising events		49,550.			49,550.	
	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							
Miscellaneous Revenue	Business Code						
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,461,970.	3,345.	0.	49,550.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,095,958.	1,095,958.		
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	70,000.	23,334.	23,333.	23,333.
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	119,497.	99,158.	11,390.	8,949.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	20,691.	13,449.	4,552.	2,690.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,550.		15,550.	
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.)	13.	13.		
12 Advertising and promotion	3,674.	2,745.	929.	
13 Office expenses	17,691.	11,499.	3,892.	2,300.
14 Information technology				
15 Royalties				
16 Occupancy	10,821.	6,906.	2,337.	1,578.
17 Travel	946.	615.	208.	123.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	337.	328.	6.	3.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,318.	7,318.		
23 Insurance	10,000.	6,500.	2,200.	1,300.
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 TRANSPORT SERVICES	21,939.	21,939.		
b CONTRIBUTION TO DONOR A	10,000.	10,000.		
c SUPPLIES & POSTAGE	9,072.	8,539.	533.	
d MARKETING	7,800.			7,800.
e All other expenses	11,923.	8,889.	1,560.	1,474.
25 Total functional expenses. Add lines 1 through 24e	1,433,230.	1,317,190.	66,490.	49,550.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	149,888.	1	89,284.
	2 Savings and temporary cash investments	127,900.	2	301,149.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,691.	4	2,766.
	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	91,154.	8	38,642.
	9 Prepaid expenses and deferred charges	30,663.	9	20,260.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,767.		
	b Less: accumulated depreciation	10b 38,575.		
		7,162.	10c	17,192.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	22,824.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	436,458.	16	492,117.	
Liabilities	17 Accounts payable and accrued expenses	8,665.	17	14,059.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	21,525.
	26 Total liabilities. Add lines 17 through 25	8,665.	26	35,584.
	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		427,793.	27	456,533.
28 Net assets with donor restrictions		0.	28	0.
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 Total net assets or fund balances		427,793.	32	456,533.
33 Total liabilities and net assets/fund balances	436,458.	33	492,117.	

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	1,461,970.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,433,230.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,740.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	427,793.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	456,533.

Part XII Financial Statements and ReportingCheck 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

LAKESHORE FOOD CLUB

Employer identification number

81-4673437

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

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

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

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			369,697.	661,767.	1409075.	2440539.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			369,697.	661,767.	1409075.	2440539.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2440539.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4			369,697.	661,767.	1409075.	2440539.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					3,345.	3,345.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			7,884.			7,884.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2451768.
12 Gross receipts from related activities, etc. (see instructions)					12	205.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.54	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.21	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

LAKESHORE FOOD CLUB

Employer identification number

81-4673437

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	
2 Aggregate value of contributions to (during year)	10,000.	
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	215,925.	
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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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				
b Buildings				
c Leasehold improvements				
d Equipment		55,767.	38,575.	17,192.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,192.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) RIGHT-OF-USE OPERATING LEASE	
(3) LIABILITY	21,525.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,484,891.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	22,921.
e	Add lines 2a through 2d	2e	22,921.
3	Subtract line 2e from line 1	3	1,461,970.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,461,970.

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	1,456,151.
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	22,921.
e	Add lines 2a through 2d	2e	22,921.
3	Subtract line 2e from line 1	3	1,433,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,433,230.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN REVENUE ON 990 22,921.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN REVENUE ON 990 22,921.

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

LAKE SHORE FOOD CLUB

81-4673437

Part I

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- ☐ Yes ☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

	(a) Event #1 EMPTY BOWLS (event type)	(b) Event #2 LF4K PURSES (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	86,017.	83,548.		169,565.
2 Less: Contributions	45,656.	51,438.		97,094.
3 Gross income (line 1 minus line 2)	40,361.	32,110.		72,471.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	17,435.	5,486.		22,921.
10 Direct expense summary. Add lines 4 through 9 in column (d)				22,921.
11 Net income summary. Subtract line 10 from line 3, column (d)				49,550.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
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.

Schedule G (Form 990)		LAKESHORE	
Part IV	Supplemental Information (continued)		

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it's a physical scan of a real object. There is no handwriting or other markings on the paper.

**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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

LAKESHORE FOOD CLUB

Employer identification number

81-4673437

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

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

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

Schedule I (Form 990) 2023

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
FOOD, HYGIENE, AND OTHER	4788	333,774.	0.	CASH	
FOOD AND HYGIENE SUPPLIES	4788	0.	762,184.	EST FMV	NONCASH DISTRIB

Part IV

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

LAKE SHORE FOOD CLUB

Employer identification number

81-4673437

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	X	1	706,748.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>GIFT CARDS</u>)	X	1	17,460.	
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 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

Yes No

30a		X
31		X
32a		X
33		

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.

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

Schedule M (Form 990) 2023

Part II

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

LAKESHORE FOOD CLUB

Employer identification number
81-4673437

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

THE BOARD OF DIRECTORS REVIEWS THE ANNUAL FORM 990 AT THEIR BOARD MEETING
PRIOR TO ELECTRONIC FILING. THE RETURN IS COMPARED TO THE FINANCIAL
STATEMENTS AND IS REVIEWED FOR COMPLETENESS/CORRECT DISCLOSURE INFORMATION.

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

GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. LAKESHORE FOOD CLUB	Taxpayer identification number (TIN) 81-4673437
	Number, street, and room or suite no. If a P.O. box, see instructions. 920 EAST TINKAM AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LUDINGTON, MI 49431	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **HARTWICK, GARANT & GARANT**
350 ST. ANDREWS ROAD, SUITE 250 - SAGINAW, MI 48638

Telephone No. **989-249-6440**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Mason County Commissioners
304 E Ludington Ave
Ludington, MI 49431

Dear Commissioners

I am writing this letter to request your support for the Lakeshore Food Club. Specifically, I am asking that you approve an allocation of funds from Mason County's senior millage. Our senior citizens urgently need this financial support. They are THE fastest-growing demographic in Mason County and represent a significant percentage of residents currently being serviced by the Food Club

Since 2017, the Lakeshore Food Club has been a lifeline for our community, providing dignified access to fresh, healthy food for our most vulnerable populations. Our senior citizens increasingly depend on these services, facing significant challenges such as fixed incomes, health issues, and limited mobility. The lack of county-wide transportation and the ongoing housing crisis further exacerbate these difficulties, leaving many seniors at significant risk.

Alarming, 41% of Michiganders, or approximately 1.6 million people, cannot afford basic necessities. Mason County is even more affected, with nearly 50% of our population qualifying for services from the Food Club. Our senior citizens are among the hardest hit, struggling daily to make ends meet.

The Lakeshore Food Club, primarily funded by local philanthropy, faces constant fundraising challenges in our small town. Securing support from the senior millage would have a significant positive impact, allowing us to focus on service delivery, rather than fundraising.

The senior millage funds would empower the Lakeshore Food Club to expand its crucial services, ensuring no senior in our community goes hungry or feels isolated. These funds would support senior-focused programming such as home delivery services for those with limited transportation options, nutritional programming promoting better health outcomes, and resource navigation to help seniors access essential services and support.

Your support of the Lakeshore Food Club is a direct investment in the health and well-being of our senior citizens. I strongly request your approval to allocate funds to the Lakeshore Food Club. Your support will profoundly impact the lives of our senior community members, ensuring they receive the care and nourishment they desperately need.

Thank you for your attention and commitment to the well-being of our Mason County's seniors.

Sincerely,



Steve Howe

Board Member - Lakeshore Food Club

smhowe0685@gmail.com

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

As seniors, we face a myriad of unique challenges. Our fixed incomes, health issues, and limited mobility make accessing nutritious food a daily struggle. The lack of county-wide transportation and the ongoing housing crisis further compounds these difficulties, leaving many of us in vulnerable situations.

The Lakeshore Food Club is a literal lifeline. Since 2017, it has provided dignified access to fresh, healthy meals. The Food Club allows us the freedom to choose our own groceries, which not only meets our nutritional needs but also preserves our dignity and independence. This approach respects our ability to make personal choices and contributes significantly to our overall well-being.

The Lakeshore Food Club is more than a food provider; it is a cornerstone of our community's support system. The Food Club helps us maintain our health, independence, and dignity by ensuring we have access to the nutrition we need.

We respectfully urge you to support the Lakeshore Food Club through the senior millage. This is not merely a request for funds; it is a call to action to invest in the health and well-being of Mason County's senior citizens. Your allocation of these funds will make a significant difference in our lives, ensuring we receive the care and nourishment we desperately need.

Your support will have a profound impact on the lives of many seniors in our community. It will help us continue to live with dignity and security. We implore you to consider this request favorably and allocate the necessary funds to the Lakeshore Food Club, a lifeline for us.

Thank you for your attention to this critical matter.

Sincerely,

Signature

Michelle Bradley

Date

7-3-24

I have volunteered @ LFC since its opening. The number of seniors that are members has increased and continues to do so. Adequate food access is both a right and a necessity.

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

As seniors, we face a myriad of unique challenges. Our fixed incomes, health issues, and limited mobility make accessing nutritious food a daily struggle. The lack of county-wide transportation and the ongoing housing crisis further compounds these difficulties, leaving many of us in vulnerable situations.

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Thank you for your attention to this critical matter.

Sincerely,

Signature

Kathleen Richmond

Date

7-3-24

This place helps us tremendously!!

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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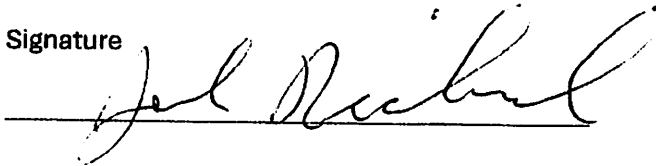
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Thank you for your attention to this critical matter.

Sincerely,

Signature



Date

7-3-2024

We love This Place

Dear Commissioners,

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Thank you for your attention to this critical matter.

Sincerely,

Signature

Date

Marcia Gordon

7/3/24

*The staff and volunteers are like
Family to me.*

Dear Commissioners,

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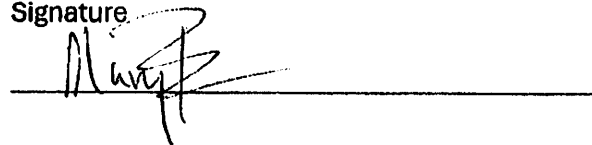
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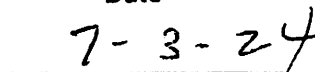
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature, appearing to be "Mary", is written over a horizontal line.

Date

A handwritten date "7-3-24" is written over a horizontal line.

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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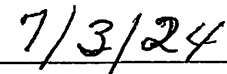
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Sincerely,

Signature

 _____

Date

 _____

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Thank you for your attention to this critical matter.

Sincerely,

Signature

James Daugherty

Date

7-3-24

The food we get every month gets my wife and myself thru the month. Its a real blessing knowing ~~that~~ they will be enough food for the month.
James Daugherty

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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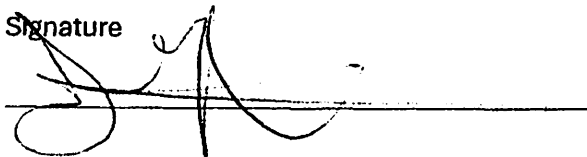
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Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in black ink, appearing to be "J. A.", written over a horizontal line.

Date

07-03-24

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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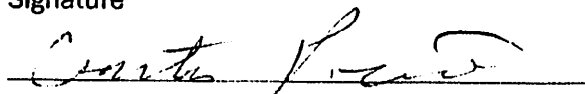
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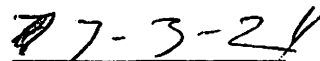
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Sincerely,

Signature



Date



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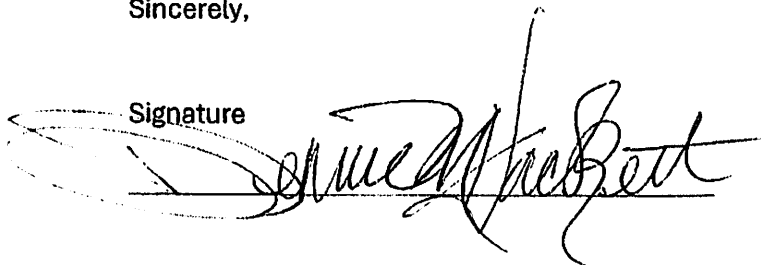
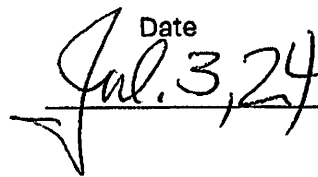
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Thank you for your attention to this critical matter.

Sincerely,

Signature

Date

A handwritten signature in black ink, appearing to read "Anne M. Hackett", written over a horizontal line.A handwritten date "Jul. 3, 24" in black ink, written over a horizontal line.

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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Thank you for your attention to this critical matter.

Sincerely,

Signature

Gerald Miller

Date

7/3/24

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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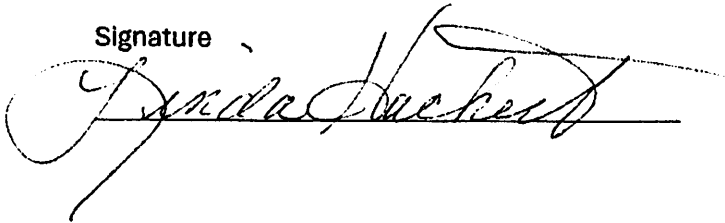
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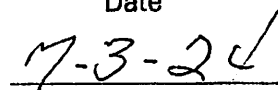
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in cursive script, appearing to read "Linda Hatcher", written over a horizontal line.

Date

A handwritten date "7-3-24" with a checkmark at the end, written over a horizontal line.

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

As seniors, we face a myriad of unique challenges. Our fixed incomes, health issues, and limited mobility make accessing nutritious food a daily struggle. The lack of county-wide transportation and the ongoing housing crisis further compounds these difficulties, leaving many of us in vulnerable situations.

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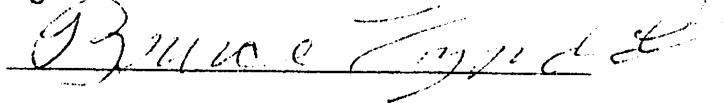
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Your support will have a profound impact on the lives of many seniors in our community. It will help us continue to live with dignity and security. We implore you to consider this request favorably and allocate the necessary funds to the Lakeshore Food Club, a lifeline for us.

Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in cursive script, appearing to read "Bruce Zippert", written over a horizontal line.

Date

A horizontal line intended for the date.

Dear Commissioners,

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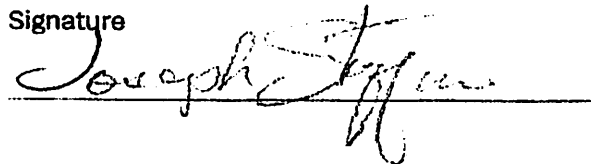
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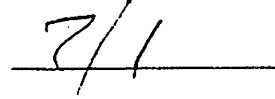
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in cursive script, appearing to read "Joseph Steffen", written over a horizontal line.

Date

A handwritten date "7/1" written over a horizontal line.

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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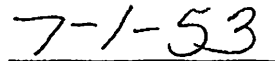
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in black ink, appearing to read "Cheryl Dawey", written over a horizontal line.

Date

A handwritten date "7-1-53" in black ink, written over a horizontal line.

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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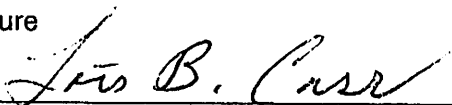
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Thank you for your attention to this critical matter.

Sincerely,

Signature



Date

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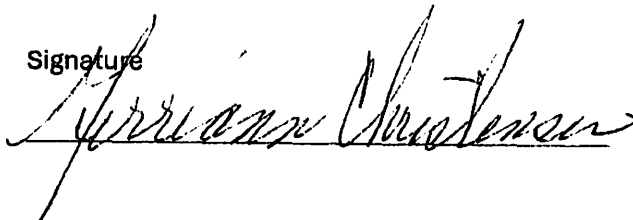
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Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in black ink, appearing to read "Adrian Christensen", written over a horizontal line.

Date

Dear Commissioners,

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Sincerely,

Signature

Christina M. Mendenhall

Date

7.2.24

Dear Commissioners,

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Thank you for your attention to this critical matter.

Sincerely,

Signature

Delois Stewart

Date

7.8.24

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

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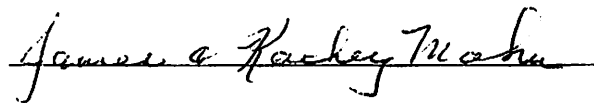
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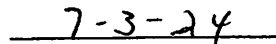
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Sincerely,

Signature



Date



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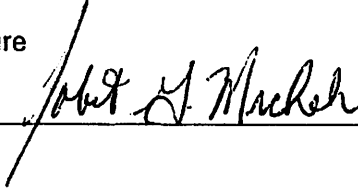
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Sincerely,

Signature  _____

Date 7-3-2024

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Thank you for your attention to this critical matter.

Sincerely,

Signature

Margaret Gustafson

Date

7-3-2024

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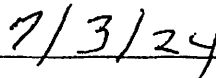
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Sincerely,

Signature



Date



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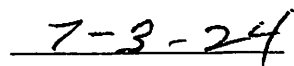
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in black ink, appearing to read "Anna Wright", is written over a horizontal line.

Date

A handwritten date "7-3-24" in black ink is written over a horizontal line.

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Sincerely,

Signature

Patricia Price

Date

7-3-2024



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Thank you for your attention to this critical matter.

Sincerely,

A handwritten signature in cursive script that reads 'Leah Brylian'. A small superscript 'm' is positioned above the final 'n' in the name.

Dear Commissioners,

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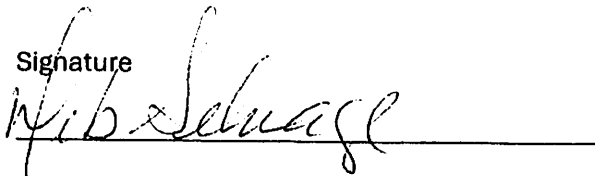
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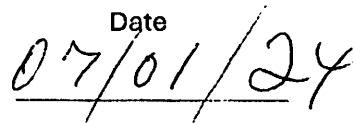
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in dark ink, appearing to read "Nib Schrage", written over a horizontal line.

Date

A handwritten date "07/01/24" in dark ink, written over a horizontal line.



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Thank you for your attention to this critical matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kim Luss".

Dear Commissioners,

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Sincerely,

Signature

Randy Davy

Date

8-7-1-24

Dear Commissioners,

We are writing to respectfully bring to your attention the critical importance of food access for Mason County seniors and strongly urge you to allocate funds from the senior millage to support the Lakeshore Food Club.

As seniors, we face a myriad of unique challenges. Our fixed incomes, health issues, and limited mobility make accessing nutritious food a daily struggle. The lack of county-wide transportation and the ongoing housing crisis further compounds these difficulties, leaving many of us in vulnerable situations.

The Lakeshore Food Club is a literal lifeline. Since 2017, it has provided dignified access to fresh, healthy meals. The Food Club allows us the freedom to choose our own groceries, which not only meets our nutritional needs but also preserves our dignity and independence. This approach respects our ability to make personal choices and contributes significantly to our overall well-being.

The Lakeshore Food Club is more than a food provider; it is a cornerstone of our community's support system. The Food Club helps us maintain our health, independence, and dignity by ensuring we have access to the nutrition we need.


We respectfully urge you to support the Lakeshore Food Club through the senior millage. This is not merely a request for funds; it is a call to action to invest in the health and well-being of Mason County's senior citizens. Your allocation of these funds will make a significant difference in our lives, ensuring we receive the care and nourishment we desperately need.

Your support will have a profound impact on the lives of many seniors in our community. It will help us continue to live with dignity and security. We implore you to consider this request favorably and allocate the necessary funds to the Lakeshore Food Club, a lifeline for us.

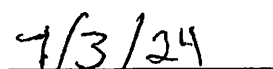
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in black ink, appearing to be "T. M. Miller", written over a horizontal line.

Date

A handwritten date "7/3/24" in black ink, written over a horizontal line.

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Sincerely,

Signature

Ester Moberg

Date

7-5-2021

*all of these people are
warm friendly and
very helpful ☺*

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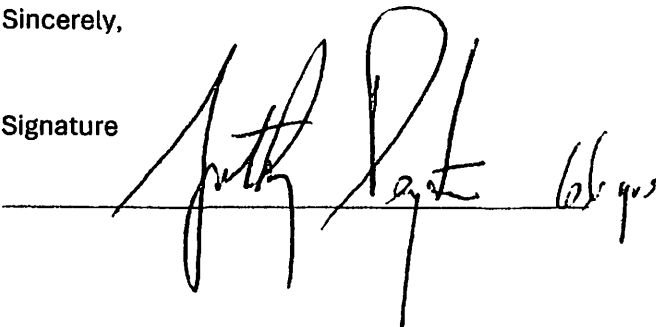
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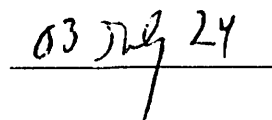
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Signature



Date



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Thank you for your attention to this critical matter.

Sincerely,

Signature

Date

Joyce Packon

7-3-2024

Couldn't manage with out it.

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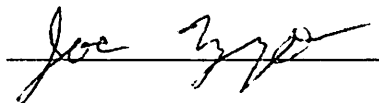
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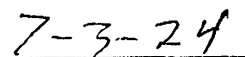
Thank you for your attention to this critical matter.

Sincerely,

Signature

A handwritten signature in black ink, appearing to read "Joe Zappa", is written over a horizontal line.

Date

A handwritten date "7-3-24" in black ink is written over a horizontal line.

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Thank you for your attention to this critical matter.

Sincerely,

Signature



Date

7/3/24



District Health Department #10

Healthy People. Healthy Communities.



The mission of District Health Department #10 is to promote and enhance the health of our communities and environment through protection, prevention, and intervention.



COUNTIES SERVED:

Crawford
Kalkaska
Lake
Manistee
Mason
Mecosta
Missaukee
Newaygo
Oceana
Wexford



888-217-3904



www.dhd10.org



www.facebook.com/DHD10

Mason County Commissioners
304 E Ludington Ave
Ludington, MI 49431

Dear Commissioners,

Please consider this letter as District Health Department #10's (DHD#10) support for the Lakeshore Food Club's request for funding through Mason County's senior millage. The senior population is a fastest-growing demographic in Mason County and when combined with income challenges, they have become a significant portion of those served by the Food Club.

Since 2017, the Lakeshore Food Club has been a significant asset for Mason County residents, providing dignified access to fresh, healthy food for our most vulnerable populations. Our senior citizens increasingly depend on these services, facing significant challenges such as fixed incomes, health issues, and limited mobility. The lack of county-wide transportation and the ongoing housing crisis further exacerbates these difficulties, leaving many seniors with significant food insecurities.

Alarming, 41% of Michiganders, or approximately 1.6 million people, cannot afford basic necessities. Mason County is even more affected, with nearly 50% of our population qualifying for services from the Food Club. Our senior citizens are among the hardest hit, struggling daily to make ends meet. DHD#10 is committed to the reduction of poverty across our jurisdiction and our Community Health Workers, through our Community Connections Hub, work closely with the Lakeshore Food Club to connect those residents most affected by a variety of complex health and social needs, including food insecurity.

DHD#10 fully supports the plan to utilize the senior millage funds proposed by the Lakeshore Food Club. Their efforts align with the Community Health Improvement Plan (CHIP), align with the data collected through the last Community Health Needs Assessment and have become a key partner with our Community Connections program. As such, we support this request to allocate senior millage funds to the Lakeshore Food Club to support direct services.

Thank you for your on-going commitment to the well-being of Mason County's seniors.

Sincerely,

Kevin Hughes, MA
Health Officer
khughes@dhd10.org
(231) 876-3839

July 8, 2024

Mason County Commissioners,

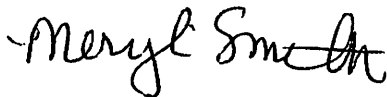
I am writing on behalf of the Lakeshore Food Club (LFC) and its request for senior mileage. I am a Registered Dietitian Nutritionist (RDN) and the chairperson of the Board of Directors of LFC. I have been on the board since its inception as well as a volunteer.

Older adults have different nutritional needs than younger people due to factors like slower metabolism and decreased activity. Some nutrients that are especially important for older adults include protein (meat, fish, poultry, eggs, etc.) Low protein can lead to muscle loss and osteoporosis. Other needs are Vitamin D and calcium which is found in dairy and dietary fiber which plays a major role in digestive health.

These mentioned foods containing these nutrients can be unaffordable and inaccessible for our senior population. The LFC strives to have protein, dairy and fresh produce on their shelves making it affordable and accessible for the senior members of LFC.

With additional funding, the LFC will be able to purchase more fresh produce, protein and dairy. I support their efforts in securing senior mileage for this purpose.

Sincerely,

A handwritten signature in cursive script that reads "Meryl Smith". The signature is written in black ink and is positioned below the word "Sincerely,".

Meryl Smith MA, RDN

BUDGET PROPOSAL REQUEST FOR FUNDING FROM THE SENIOR MILLAGE

Ruth Storvik, Director
231-239-1279

SERVING FAMILIES WITH
DEPENDENT ADULTS

SNUG HARBOR ADULT DAY CARE CENTER

301 N WASHINGTON AVE.
LUDINGTON, MICHIGAN
231-425-9292

snugharboraduldaycare.com
snugharboraduldaycare@gmail.com
Snug Harbor Adult Day Care Center



**WE'RE A LIFE RING
FOR CAREGIVERS**

An Adult Day Care Center is an invaluable resource for individuals and families dealing with adults of all ages with physical disabilities, advanced age, dementia, isolation and other chronic health care or safety concerns by offering quality Day Care, hygiene services, therapeutic, recreational, social events and needed comfort for participants. respite for family members and caregivers in a safe, well supervised, smoke free, home like setting.

The Snug Harbor Adult Day Care Center Program is offered Monday through Friday from 6:00 a.m. – 6:00 p.m. and serves adults 18 and older with cognitive and/or physical impairments. The program provides: full day, half day or partial day care, caregiver respite, meals, oversight and supervision of health, personal care activities, and safety throughout the day, modified activities for individual cognitive and psycho-social impairments, maintenance and enhancement of activities of daily living to increase independence, coordination of social, intellectual, cultural, educational, and physical activities – both group and individual,

SERVICES PROVIDED

- 1 on 3-4 Supervision (or 1 on 1 if needed with extra charge)
- Snacks & Drinks Feeding Assistance
- Therapeutic Activities,
- Physical and mental stimulating Games
- Toileting, Grooming and other hygiene needs
- Socializing, Recreation and Entertainment
- Quiet Time and place for Napping
- Medication Dispensing
- Large Print Library
- Caregiver resources

In 2023 we cared for 10 Seniors for 5-15 hours each per week. We also cared for 8-10 others that don't qualify as seniors. In addition we also provide a space for an independent toe nail care clinic for 60-70 seniors with 30 minute visits every 10-12 weeks.

I am projecting an increase of Senior participants in 2025 to 20 seniors and 15 non-seniors being cared for in the care program and a slight increase in the foot care clinic.

I am also projecting that due to this increase we will be hiring a part-time Director/ Office Manager, at \$22/hr for 20-25 hr/wk, at the cost of \$22,880-28,600/yr. Up to that point the position has been volunteer however that committed person will retire at the end of this year.

I am also projecting that we will hire a Building and Grounds Supervisor at \$15/hr for 4-5hr/wk at the cost of \$3,120-3,900/yr. Up to that point the position has been volunteer however that committed person will retire at the end of this year.

Our budget has not been able to include groceries and consumables to this point so the cost of \$1000/yr has been covered by a generous donor however that committed person will retire at the end of this year.

Our revenue has been just sufficient enough to cover our day to day bills and the wages of 4 part-time employee caregivers.

We have recently been informed that soon we will need to put a new roof on the entire building as well as some other repairs and remodeling of the roof structure. We will need to save any surplus revenue to help pay for that leaving nothing to pay for these new staff members in 2025.

We desire to take our clients out into the community more for social and recreational activities as requested by some of our clients paying agency. This will necessitate scheduling extra staff for those hours, activity fees and Dial-a-Ride Bus fare at an estimated cost of \$500-700/yr.

We are requesting \$32,000/yr to help cover the wages of a Director, a Building/Ground Supervisor and add a line item to our budget for groceries and consumables and a line item for Community Integration Activities.

Employees and their wages

Ruth Storvik, Director \$0

Karrie Rosso Caregiver 15/hr

Sue Weinart Caregiver 14.50/hr

Marsha Warren Caregiver 14/hr

Sharon Mott Caregiver 13/hr

Jo Maloney Caregiver \$0

Darrell Storvik, Building/Grounds/Bookkeeper \$0

12/31/23 Trial Balance

\$13,810.20

MASON COUNTY CLERK'S OFFICE

304 E. LUDINGTON AVENUE
LUDINGTON, MI 49431
231-843-8202

Cheryl Kelly, Clerk

Lori Holmes, Chief Deputy

Alesha Miller, Deputy

Penny Price, Deputy

Kayla Beaver, Deputy

Kimberly Quillan, Deputy

MEMORANDUM

TO: Finance, Personnel & Rules Committee

FROM: Cheryl Kelly, Clerk

DATE: July 3, 2024

SUBJECT: Disposal of table

The new table and chairs for the fax meeting room have arrived and are in place. (Thank you for this, looks great.)

Requesting to dispose of the old table. Intend to keep all of the chairs to use within the courthouse at this time.

Thank you for your consideration.