# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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. 2022 Open to Public Inspection

		the Treasury ue Service	Go to www.irs.gov/For	rm990 for instructions a	nd the latest i	informat	tion.		nspe	ctio	h
Α	For the	e 2022 cal	lendar year, or tax year beginning	7/1/2022	, and er	nding	6/3	0/2023			
В	Check if	applicable:	C Name of organization SHORE LEGA	AL ACCESS INC			D Employer	r identification	number	r	
Ш	Address	change	Doing business as		_						
П	Name ch	ande	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite		16-1779280				
吕		•	499 IDLEWILD AVE		102		E Telephone	e number			
Ш	Initial retu	urn	City or town	State	ZIP code		(410) 690-8	3128			
П	Final return	n/terminated	EASTON	MD	21601		(				
H			Foreign country name Foreign	province/state/county	Foreign postal					4 5	
Ш	Amendeo	d return					G Gross rec	eipts \$		1,5	88,655
	Applicatio	on pending	F Name and address of principal officer:			H(a) Is thi	is a group return t	for subordinates?		Yes	X No
			MEREDITH GIRARD 499 IDLEWILD	AVE, STE 102, EASTO	ON, MD 216	H(b) Are	all subordinate	es included?		Yes	No
_	Taxaaya	mpt status:	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1				st. See instructio	ons		
÷					) 01 327						
J	Website	e: N/A				H(c) Gro	up exemption	number			
κ	Form of	organization	: X Corporation Trust Associa	ation Other	L Yea	r of forma	tion: 2006	M State of I	egal do	micile:	MD
	Part I	Sur	mmary		•						
	1		escribe the organization's mission or	most significant activitie	s: SHO	RE LEG	GAL ACCES	SS PRO BON		ONNE	CTSL
e	-		E INDIVIDUALS AND FAMILIES WHO								
Activities & Governance			JNITY RESOURCES.								
ern							41 050/	- <b>f</b> : <b>i</b>			
Š	2	Check th		continued its operations				1 1	sets.		
ڻ م	3		of voting members of the governing b				• • • •	3			14
ŝ	4		of independent voting members of th					4			13
itie	5	Total nu	mber of individuals employed in caler	ndar year 2022 (Part V,	line 2a)			5			22
Ę	6	Total nu	mber of volunteers (estimate if neces	sary)				6			75
Ă	7a	Total un	related business revenue from Part V	III, column (C), line 12 .				7a			0
	b		elated business taxable income from F					7b			
							Prior Year	-	Curren	it Year	
a,	8	Contribu	itions and grants (Part VIII, line 1h) .				1.510	0,244		1.5	72,920
ň	9		n service revenue (Part VIII, line 2g) .		+			2,590		.,.	2,547
Revenue	10	-	ent income (Part VIII, column (A), line		*			4,574			13,188
Re	11		evenue (Part VIII, column (A), lines 5,		+			0			0
	12		enue—add lines 8 through 11 (must equ		· ·		1 50	<b>.</b>		1 5	
							1,32	7,408		1,0	88,655
	13		and similar amounts paid (Part IX, colu					0			0
	14		paid to or for members (Part IX, colu					0		0	0
es	15		other compensation, employee benefits		· · · ·			0		9	11,330
ens	16a		onal fundraising fees (Part IX, column		1		552	2,420			0
Expenses	b		ndraising expenses (Part IX, column (		80,131						
ш	17		(penses (Part IX, column (A), lines 11				826	6,668		7	79,080
	18		penses. Add lines 13–17 (must equal		e 25)			9,088			90,410
	19	Revenue	e less expenses. Subtract line 18 from	n line 12			148	8,320		-10	01,755
Net Assets or	CGS					Beginni	ng of Current	Year	End of	f Year	
sets	20	Total as	sets (Part X, line 16)				1,253	3,234		1,8	04,399
t As	21	Total lial	bilities (Part X, line 26)				136	6,926		78	80,371
a s	22	Net asse	ets or fund balances. Subtract line 21	from line 20	[		1,11	6,308		1,0	24,028
P	art II	Sia	nature Block								
			y, I declare that I have examined this return, inclu	iding accompanying schedules	s and statements,	, and to the	e best of my kr	nowledge			
and	belief, it i	is true, corre	ect, and complete. Declaration of preparer (other	than officer) is based on all info	ormation of which	n preparer	has any knowl	ledge.			
<b>c</b> :	~ ~										
	gn	Signatu	ire of officer				Date				
He	ere	-	EDITH GIRARD		EXE	CUTIVE	DIRECTO	R			
			Type or print name and title								
		Print	t/Type preparer's name	Preparer's signature		Date	1	i	PTIN		
Pa	hid		· // Fichard			2410		heck if			
	eparei	r Jeff	rey Griffith	Jeffrey Griffith		4/8	3/2024 s	self-employed	P010	8143	3
			i's name Alta CPA Group				Firm's EIN	82-1650312	2		
05	se Only	y		Annanolie MD 21/01				(410)349-5			
							Phone no.	· · ·		Г	<u> </u>
Ma	ay the IF	KS discus	s this return with the preparer shown	above? See instructions	S				XY	es	No

Form 9	90 (2022)	SHORE LEGAL ACCESS INC	16-1779280	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	SHORE	escribe the organization's mission: LEGAL ACCESS PRO BONO CONNECTS LOW INCOME INDIVIDUALS AND FAMILIES WHO N SERVICES WITH VOLUNTEERS ATTORNEYS AND COMMUNITY RESOURCES.	IEED CIVIL	
2	the prior	brganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program ?	Yes	X No
4	Describ expense	e the organization's program service accomplishments for each of its three largest program services. s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and al expenses, and revenue, if any, for each program service reported.		
4a	SUCH A	) (Expenses \$ 393,991 including grants of \$ ) (Revenue LAW PROJECT- CONNECTS LOW INCOME INDIVIDUALS WHO ARE INVOLVED IN DIFFICUL S DIVORCE AND CHILD CUSTODY WITH AN ATTORNEY WHO CAN GUIDE THEM THROUGH SSES AND OFTEN PROVIDE REPRESENTATION IN COURT.	T FAMILY MATTE	) RS
4b	PROBL VARIOL	) (Expenses \$ 540,950 including grants of \$ ) (Revent MER DEBT & HOUSING PROJECT -THIS PROJECT PROVIDES LEGAL ADVICE ON A VARIET EMS FACED BY LOW-INCOME INDIVIDUALS INCLUDING FORECLOSURE, CONSUMER DEBT IS OTHER REAL PROPERTY ISSUES. BY HELPING RESOLVE THESE MATTERS, CLIENTS AF I EMPLOYED, REMAIN IN THEIR HOMES AND PROVIDE FOR THEIR FAMILIES.	Y OF FINANCIAL	
		$\mathbf{G}$		· · · · · · · · · · · · · · · · · · ·
4c	(Code: OTHER	) (Expenses \$ 403,087 including grants of \$ ) (Reven LEGAL SERVICES AND SUPPORT PROGRAMS PROVIDED TO LOW INCOME INDIVIDUALS A		)
4d	Other n	ogram services (Describe on Schedule O.)		
Ŧu	(Expens	es \$ 94,946 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total pr	ogram service expenses 1,432,974		

Form 990 (2022) SHORE LEGAL ACCESS INC

Part	V 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)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? /f			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
		11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		~	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
h	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	x	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	~	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		~	
120		12a	х	
h	Schedule D, Parts XI and XII	120	^	├──
U	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		144		<u> </u>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		v
17		16		Х
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.</i> See instructions.	47		v
40		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
40	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
00-	If "Yes," complete Schedule G, Part III.	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2022)

Part	V 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			
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		Х
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	040		1
لم	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25d	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254		
Ň	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		х
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%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
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			1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			1
	persons? If "Yes," complete Schedule L, Part III.	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	20a 28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
-	"Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	<i>complete Schedule N, Part II</i>	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	55		
•		34		х
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			1
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	v	I.
Dar	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V		. 1	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	t 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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
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	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them.)	420		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>		
-	excess parachute payment(s) during the year?	15		х
				Ê
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
<b>.</b>	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Yes," complete Form 6069.			

Form 9	16-177 SHORE LEGAL ACCESS INC 16-177			age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	struct	ions. X
Sect	ion A. Governing Body and Management			
			Yes	No
_	Enter the number of voting members of the governing body at the end of the tax year       1a       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.       1a       14			
b 2	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			Ň
3	any other officer, director, trustee, or key employee?	2		X
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а	the year by the following: The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	~	Х
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	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	Code.	)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	104		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	TTa	^	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
2	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15a	~	Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		7
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?	16a		Х
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			
0	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD			
17 18	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 4	501(~)		
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	501(0)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
	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			
	MEREDITH GIRARD 410-690-8128 499 IDLEWILD AVENUE STE 102, EASTON, MD 21601			
	TO IDELIVIED AVENUE OFFICZ, EASTON, WD 21001			

Form 990 (2022)	SHORE LEGAL ACCESS INC	16-1779280	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	isated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	/ees	
<b>1a</b> Complete t organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with tax vear.	n or within the	

• 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.

				(0	C)				
		(1	4 . 1		ition				
(A) Name and title	(B) Average					than one is both a		(E) Reportable	(F) Estimated amount
	hours					or/trustee		compensation	of other
	per week (list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	from the organization (W-2/ 1099-MISC/	from related organizations (W-2/	compensation from the
	hours for related	vidu	itutio	Per	em	iest bloye	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	tor tr	mal		ploy	com	1099-NEC)	1099-INEC)	related organizations
	below dotted line)	Jste	trus		ee	pen			
	dotted line)	O O	fee			sate			
			1			ä			
(1) MEREDITH GIRARD	40.00			v			(00.000		
	0.00	Х	-	Х			100,000	0	1,521
(2) ANTHONY RODRIGUEZ	1.00						40.500		
	0.00	Х					16,500	0	0
(3) TIMOTHY ABESKA	1.00	v		v					0
PRESIDENT	0.00	Х		Х			0	0	0
(4) HOLLAND BROWNLEY	1.00	v		v					0
	0.00	Х		Х			0	0	0
(5) TANISHA ARMSTONG	1.00	v							0
DIRECTOR (6) CLINTON PETTUS	0.00	Х					0	0	0
VICE PRESIDENT	0.00	х		х			0	0	0
(7) TAWES HARPER	1.00	~		~			0	0	0
DIRECTOR	0.00	х					0	0	0
(8) JUDITH SHOWALTER	1.00	~					0	Ŭ	
DIRECTOR	0.00	х					0	0	0
(9) REBECCA BURNER	1.00								
DIRECTOR	0.00	х					0	0	0
(10) JIM MCCOMB	1.00								
DIRECTOR	0.00	Х					0	0	0
(11) RUTH THOMAS	1.00								
TREASURER	0.00	Х		Х			0	0	0
(12) DONCELLA WILSON	1.00								
DIRECTOR	0.00	Х					0	0	0
(13) HILLARY LINDEMAN	1.00								
DIRECTOR	0.00	Х					0	0	0
(14) ROSEMARY RAMSEY GRANILLO	1.00		1						
DIRECTOR	0.00	Х							

Form 990 (2022)

Form 9	90 (2022)	SHORE LEGAL ACCESS										6-1779		Page <b>8</b>
Pa	rt VII	Section A. Officers, Directors	, Trustees, Key Em	ploye	ees,	and	d Hi	ghest	Co	ompensated En	nployees (c	ontinı	Jed)	
		<b>(A)</b> Name and title	<b>(B)</b> Average hours	box, offic	unle: er an	Pos heck ss pe	erson lirecto	e than o is both or/truste	an ee)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportabl compensat	ion	C	(F) ated amount of other
			per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from relate organizations 1099-MIS 1099-NEC	(W-2/ C/	fr orgar	npensation rom the nization and organizations
(15)	ARLETTE	BRIGHT	1.00											
-	CTOR		0.00	X						0		0		0
(17)														
(18)			 											
(19)														
(20)										D				
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal .	n continuation sheets to Part V			•		•	• •		116,500 0	1	0 0		<u>1,521</u> 0
c d		l lines 1b and 1c)								116,500		0		1,521
2	Total num	ber of individuals (including but r compensation from the organiza	not limited to those lis						/ed					1,021
	Teportable													Yes No
3		ganization list any <b>former</b> officer on line 1a? <i>If "Yes," complete So</i>			•			•		ompensated			3	X
4		dividual listed on line 1a, is the s zation and related organizations												
	individual								•				4	Х
5	• •	erson listed on line 1a receive or s rendered to the organization?				-			-				5	X
Sect		ependent Contractors												
1		this table for your five highest co tion from the organization. Repo											ax yea	ar.
		( <b>A)</b> Name and busines	s address							(B) Description of ser	vices	С	(C) compens	
														0
														0
														0
														0
2		ber of independent contractors (i \$100,000 of compensation from	-	ed to	o the	se l	liste	d abo <sup>v</sup> 0	ve)	who received				

	90 (202					16-17792	280 Page S
Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a response or note	to any line in	this Part VIII (A)			· · · (D)
				(A) Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
	1a	Federated campaigns 1a	0				sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts							
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues	0				
Ű,	C	Fundraising events	0				
ar A	d	Related organizations	0				
s, G	е	Government grants (contributions) 1e	492,957				
Sir	f	All other contributions, gifts, grants, and					
uti Per		similar amounts not included above 1f	1,079,963				
e E	g	Noncash contributions included in					
Cont and		lines 1a–1f <b>1g</b> \$	0				
ສັບ	h	<b>Total.</b> Add lines 1a–1f		1,572,920			
			isiness Code	.,			
e S	2a	PROGRAM SERVICES INCOME 9000	199	2,547	2,547		
Š.	b			2,017	2,011		
lram ser Revenue				0			
Program Service Revenue	C						
e) ar	d			0			
бо Б	е			0			
<u>ጉ</u>	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f		2,547			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		13,188			13,18
	4	Income from investment of tax-exempt bond proceed	s	0			
	5	Royalties		0			
			ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	c	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a		 (ii) Other	0			
	74	sales of assets	(				
a)		other than inventory	0				
anu	b	Less: cost or other basis					
Other Reven		and sales expenses 7b 0	0				
Re	С	Gain or (loss) 7c 0	0				
er	d	Net gain or (loss)		0			
Ę	8a	Gross income from fundraising					
0		events (not including \$0					
		of contributions reported on line 1c).					
		See Part IV, line 18	0				
	b	Less: direct expenses 8b	0				
	с	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses	0				
	c	Net income or (loss) from gaming activities	Ű	0			
	10a						
	IVa	returns and allowances	0				
			0				
		Less: cost of goods sold	U	-			
	С	Net income or (loss) from sales of inventory		0			
sn	• •	Bu	isiness Code				
eo eo	11a			0			
ent	b			0			
scellaneo Revenue	С			0			
miscellaneous Revenue	d	All other revenue		0			
÷	е	Total. Add lines 11a–11d		0			
2		<u> </u>		0			

#### SHORE LEGAL ACCESS INC

	Check if Schedule O contains a response or note t	o any line in this Pa	art IX .		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
1. 1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-	and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic	-			
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign	<b>.</b>			
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	-			
-	trustees, and key employees	104,062	86,660	9,641	7,76
6	Compensation not included above to disqualified	.0.,002	00,000	0,011	.,
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	682,946	568,733	63,276	50,93
8	Pension plan accruals and contributions (include	002,010		00,210	00,00
Ŭ	section 401(k) and 403(b) employer contributions).	11,143	9,280	1,032	83
9	Other employee benefits	52,882	44,038	4,900	3,94
0	Payroll taxes	60,297	50,213	5,587	4,49
1	Fees for services (nonemployees):	00,201	00,210	0,007	-,+0
a	Management	0			
b		503,214	503,214		
c		22,200	9,494	11,856	85
d		0	3,434	11,000	00
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
Э	(A), amount, list line 11g expenses on Schedule O.).	0		0	
2	Advertising and promotion	18,197	14,995	3,202	
23	Office expenses	56,614	12,887	42,295	1,43
4	Information technology	36,182	30,130	3,353	2,69
5	Royalties	00,102	00,100	0,000	2,00
6	Occupancy	73,471	61,183	6,808	5,48
7		15,511	12,692	2,819	0,40
8	Payments of travel or entertainment expenses	10,011	12,002	2,010	
°	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings.	3,968	1,728	2,240	
0		0,000	1,720	2,210	
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	21,118	8,606	12,512	
3		6,304	5,250	584	47
4	Other expenses. Itemize expenses not covered	0,004	0,200	004	
•	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.)				
а		7,885	1,866	5,864	15
a b	PRINTING AND COPYING	14,416	12,005	1,336	1,07
с С		14,410	12,000	1,000	1,07
d		0			
u e	All other expenses	0			
	Total functional expenses. Add lines 1 through 24e	1,690,410	1,432,974	177,305	80,13
5 6		1,090,410	1,432,974	111,303	60,13
6	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	fundraising solicitation. Check here if				

	n 990 (20				16-1779280 Page <b>11</b>
Pa	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X.			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	636,998	1	861,037
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	(
	4	Accounts receivable, net	240,475	4	148,978
	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	0	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)	0	6	
ŝts	7	Notes and loans receivable, net	0	7	(
Assets	8	Inventories for sale or use	0	8	
Ä	9	Prepaid expenses and deferred charges	20,352	9	17,749
	10a	Land, buildings, and equipment: cost or			,.
		other basis. Complete Part VI of Schedule D <b>10a</b> 114,944			
	b	Less: accumulated depreciation <b>10b</b> 52,225	35,861	10c	62,719
	11	Investments—publicly traded securities	312,988		335,062
	12	Investments—other securities. See Part IV, line 11.	0	12	(
	13	Investments—program-related. See Part IV, line 11.	0	13	
	14	Intangible assets	0	14	(
	15	Other assets. See Part IV, line 11.	6,560	15	378,854
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,253,234	16	1,804,399
-	17	Accounts payable and accrued expenses	105,103	17	145,187
	18	Grants payable	0	18	
	19	Deferred revenue	27,773	19	260,800
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	(
	24	Unsecured notes and loans payable to unrelated third parties	0	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	4,050	25	374,384
	26	Total liabilities. Add lines 17 through 25	136,926		780,37
ŝ		Organizations that follow FASB ASC 958, check here X			
S		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	864,040	27	758,76
ñ	28	Net assets with donor restrictions	252,268		265,267
pu		Organizations that do not follow FASB ASC 958, check here	202,200		200,20
Ľ		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,116,308		1,024,028
Å	33	Total liabilities and net assets/fund balances	1,253,234		1,804,399
			.,,		Form <b>990</b> (2022

Form 9	990 (2022) SHORE LEGAL ACCESS INC	16-1779280	Pag	ge <b>12</b>
Part	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1		1	1,588	3.655
2		2	1,690	
3		3		,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,116	5,308
5	Net unrealized gains (losses) on investments	5	ç	9,475
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8		8		
9	······································	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
		10	1,024	1,028
Part	XII         Financial Statements and Reporting		1	
	Check if Schedule O contains a response or note to any line in this Part XII		•	
		_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
0-	Schedule O.	20		V
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	<u>2a</u>		Х
	reviewed on a separate basis, consolidated basis, or both:			
_	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	<b>2</b> b	Х	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	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?	<u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
•	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	20		v
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a		Х
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<b>3</b> b		
			990	(2022)
				(2022)
	·			

SCHEDULE A (Form 990)

Department of the Treasury

# **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. 990 or Form 990-EZ.

trust. 2022 Open to Public Inspection

OMB No. 1545-0047

		evenue Service	Got	to www.irs.gov/Form	990 for instructions an	nd the late	st informa	tion.	Inspection
Name	of th	ne organization						Employer identification	number
		LEGAL ACCES							79280
Par					ganizations must co				
	orga			•	or lines 1 through 12, o	-		,	
1	Ц				f churches described in		170(b)(1)	(A)(I).	
2		A school descr	ibed in <b>section</b> '	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)			
3		A hospital or a	cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(	b)(1)(A)(iii	i).	
4		A medical rese	arch organizatio	n operated in conju	nction with a hospital d	lescribed	in <b>section</b>	170(b)(1)(A)(iii). En	iter the
		hospital's name	e, city, and state	:					
5			n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	ribed in
6		A federal, state	, or local govern	ment or governmer	ital unit described in <b>se</b>	ection 170	)(b)(1)(A)(	v).	
7	Х			eceives a substantia <b>(A)(vi).</b> (Complete F	al part of its support fro Part II.)	m a gove	rnmental u	init or from the gene	ral public
8		A community tr	ust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9					section 170(b)(1)(A)(ix				
		university:			ure (see instructions).			·	
10		receipts from a support from gr	ctivities related to oss investment	to its exempt function income and unrelated	an 33 1/3% of its suppo ns, subject to certain e ed business taxable in See <b>section 509(a)(2).</b>	exceptions come (les	s; and (2) r s section {	no more than 33 1/39 511 tax) from busine	% of its
11		An organizatior	n organized and	operated exclusivel	y to test for public safe	ety. See <b>se</b>	ection 509	9(a)(4).	
12		of one or more	publicly support	ed organizations de	y for the benefit of, to p scribed in <b>section 509</b> ibes the type of suppor	<b>9(a)(1)</b> or s	section 50	09(a)(2). See section	n 509(a)(3).
а		the supporte	d organization(		ervised, or controlled k larly appoint or elect a tions A and B.				
b		<b>Type II.</b> A su control or m	upporting organi anagement of th	zation supervised o	r controlled in connecti zation vested in the sa				
С		Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,
d					ting organization opera				anization(s)
	I				ion generally must sati				
	ī				lete Part IV, Sections				
е		Check this b	ox if the organiz	ation received a wr	itten determination fror	n the IRS	that it is a	Туре I, Туре II, Тур	e III
,		•			Ily integrated supportir	ng organiz	ation.		
f			er of supported	about the support		• • •			0
g		Name of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
	.,				(described on lines 1-10	-	ur governing	support (see	other support (see
					above (see instructions))	docui	ment?	instructions)	instructions)
						Yes	No		
(A)			V						
			*						
(B)									
(C)	_								
(D)									
(E)									
Tota	1							n	∩

Sche	dule A (Form 990) 2022 SHORE LE	EGAL ACCESS II	NC			16-177928	30 Page <b>2</b>
Ра	rt II Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	organization fai	led to qualify ur	nder
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete F	Part III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,009,454	1,150,213	1,384,566	1,510,244	1,575,467	6,629,944
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	1,009,454	1,150,213	1,384,566	1,510,244	1,575,467	6,629,944
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						6,629,944
-	tion B. Total Support	(-) 2010	(b) 2010	(2) 2020	(4) 2024	(a) 2022	(f) Tatal
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,009,454	1,150,213	1,384,566	1,510,244	1,575,467	6,629,944
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources	605	630	2,364	13,203	13,188	29,990
9	Net income from unrelated business	000	050	2,004	10,200	13,100	23,330
Ũ	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						ī
	loss from the sale of capital assets						
	(Explain in Part VI.)	8,165	2,590				10,755
11	Total support. Add lines 7 through 10						6,670,689
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First 5 years. If the Form 990 is for the orga		ond, third, fourth, c	or fifth tax year as a	section 501(c)(3)		
	organization, check this box and <b>stop here</b> .						· · · · ·
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2022 (line 6, c					14	99.39%
15	Public support percentage from 2021 Sched					15	92.12%
16a	33 1/3% support test-2022. If the organiz						
	and stop here. The organization qualifies as		-				X
b	33 1/3% support test-2021. If the organiz						
	box and stop here. The organization qualified						· · · · ·
17a	10%-facts-and-circumstances test-2022	-					
	10% or more, and if the organization meets to Part VI how the organization meets the facts						
	organization		-	adon qualifico ao a			🗖
b	10%-facts-and-circumstances test—2021			ox on line 13.16a	16b. or 17a. and li	ine	<u> </u>
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac		-	•	a publicly suppor	ted	
	organization						· · · · · L
18	Private foundation. If the organization did r						
	instructions						

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 SHORE L	EGAL ACCESS I	NC			16-177928	80 Page <b>3</b>
Pa	t III Support Schedule for Orga	anizations Des	cribed in Sec	tion 509(a)(2)			¥
	(Complete only if you check				zation failed to	qualify under Pa	art II.
	If the organization fails to qu					. ,	
Sec	tion A. Public Support			· •			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						0
Ŭ	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						0
J	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3			Ű	0		0
ia	received from disqualified persons						0
h	Amounts included on lines 2 and 3						0
, N	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
~	Add lines 7a and 7b	0	•0	0	0	0	0
8	Public support (Subtract line 7c from				Ŭ	0	0
U	line 6.)						0
Sec	tion B. Total Support						0
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0		0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
с	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	anization's first, sec	ond, third, fourth, o	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here			•			[
Sec	tion C. Computation of Public Su	pport Percenta	ade				
15	Public support percentage for 2022 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2021 Sched	.,	•			16	0.00%
	tion D. Computation of Investmer			<u></u>	<u></u>		
17	Investment income percentage for 2022 (line			column (f))		17	0.00%
18	Investment income percentage from <b>2021</b> (in a		-			18	0.00%
	33 1/3% support tests—2022. If the organ					-	
	not more than 33 1/3%, check this box and						[]
b	33 1/3% support tests—2021. If the organ	ization did not cheo	k a box on line 14	or line 19a, and lin	ne 16 is more than 3	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pub	licly supported orga	anization	
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b. check this box a	and see instructions	3	

### 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

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

	Yes	No
1		
2		
-		
3a		
3b		
3c		
30		
4a		
4b		
4c		
5a		
5b		
50 5C		
6		
7		
/		
8		
9a		
01		
9b		
9c		
50		
10a		
10b		

Schedu		-1779280	F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a	a	
b	A family member of a person described on line 11a above?	111	)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	de		
	detail in <b>Part VI.</b>	110	:	
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	<b>3</b> ,		
	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 support	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t	he		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sect	ion C. Type II Supporting Organizations	I		
			Yes	No
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).	1		
Sect	ion D. All Type III Supporting Organizations	I •		
			Yes	No
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			
4	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> ho			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
3				
	a significant voice in the organization's investment policies and in directing the use of the organization's income or appetent of all times during the tay user? If "Vap " describe in <b>Part VI</b> the role the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
-	supported organizations played in this regard.	3		<u> </u>

### 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

Schedule A (Form 990) 2022

chedule A (Form 990) 2022 SHORE LEGAL ACCESS INC	<u> </u>		1779280 Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting           1         Check here if the organization satisfied the Integral Part Test as a qualify			in Part VII) Soo
instructions. All other Type III non-functionally integrated supporting org	-		
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	0	
5 Depreciation and depletion	5		
<b>6</b> 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	Z	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	
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>b</b> Average monthly cash balances	1b		
<b>c</b> Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
Minimum Asset Amount (add line 7 to line 6)	8	0	
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function instructions).	ally integr	ated Type III supporting	organization (see

Schedule A (Form 990) 2022

	A (Form 990) 2022 SHORE LEGAL ACCESS INC				6-1779280	Page <b>7</b>
Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	ed)		
Sectio	on D - Distributions				Current Ye	ear
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required-	provide details in <b>Part V</b>	)	5		
6	Other distributions (describe in Part VI). See instructions.			_6		
7	Total annual distributions. Add lines 1 through 6.			7		0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		0
10	Line 8 amount divided by line 9 amount			10		0.000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributat Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					0
2	Underdistributions, if any, for years prior to 2022					
	(reasonable cause required— <i>explain in Part VI</i> ). See					
	instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e	0				
g	Applied to underdistributions of prior years			0		
h	Applied to 2022 distributable amount					0
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0				
4	Distributions for 2022 from					
	Section D, line 7: \$ 0					
	Applied to underdistributions of prior years			0		
b	Applied to 2022 distributable amount					0
С	Remainder. Subtract lines 4a and 4b from line 4.	0				
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.			0		
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain					
	in Part VI. See instructions.					0
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.	0				
8	Breakdown of line 7:					
а	Excess from 2018 0					

0

0

0

0

b Excess from 2019.

c Excess from 2020

d Excess from 2021

e Excess from 2022

Schedule A (Form 990) 2022

Schedule A (Fo	orm 990) 2022 SHORE LEGAL ACCESS INC	16-1779280	Page <b>8</b>
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,		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines		
	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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section E,	
	lines 2, 5, and 6. Also complete this part for any additional miorination. (See instructions.)		
	( )		
	*. U		

SCHEDULE D (Form 990)
Department of the Tre

# **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. OMB No. 1545-0047

2022	
Open to Public	

	ment of the Treasury	Go to www.irs.gov	//Form990 for instructions		formation.	Inspection
Name	of the organization				Employer identifica	ation number
SHO	RE LEGAL ACCE	SS INC			1	6-1779280
Part		ions Maintaining Donor A	Advised Funds or Oth	ner Similar Fur		
		f the organization answere				
		3	(a) Donor advise		(b) Fund	Is and other accounts
1	Total number at e	end of year.......	- · ·			
2		contributions to (during year) .				
3		grants from (during year)				
4	Aggregate value	at end of year				
5	Did the organizat	tion inform all donors and dono	or advisors in writing that	the assets held ir	donor advised	
	funds are the org	anization's property, subject to	o the organization's exclu	sive legal control	?	. Yes No
6	Did the organizat	tion inform all grantees, donors	s, and donor advisors in v	vriting that grant f	unds can be used	<u> </u>
	only for charitable	e purposes and not for the ber	nefit of the donor or donor	<sup>-</sup> advisor, or for ar	ny other purpose	
	conferring imperr	missible private benefit?				Yes No
Part	Conservat	tion Easements.				
	Complete i	if the organization answere	d "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of col	nservation easements held by	the organization (check a	all that apply).		
	Preservation	of land for public use (for examp	le, recreation or education)	Preservatio	on of a historically	important land area
	Protection of	f natural habitat			on of a certified hi	
		of open space	٠			
2		a through 2d if the organizatio	n held a qualified concern	vation contribution	in the form of a	conservation
2		last day of the tax year.	n neid a quaimed conserv			Held at the End of the Tax Year
а		conservation easements			2a	
b		stricted by conservation easen		• • • • • • •		
c	-	ervation easements on a certifi				
d		ervation easements included in				
		cture listed in the National Reg			2d	
3		ervation easements modified, t			inated by the org	anization during
	the tax year					
4	Number of states	where property subject to cor	nservation easement is lo	cated		
5		ation have a written policy reg				
	violations, and er	nforcement of the conservation	easements it holds?			Yes No
6	Staff and volunteer	r hours devoted to monitoring, ins	pecting, handling of violatio	ns, and enforcing c	conservation easem	nents during the year
7	Amount of expense	es incurred in monitoring, inspect	ing, handling of violations, a	and enforcing conse	ervation easements	during the year
8		ervation easement reported on				
_		h)(4)(B)(ii)?				Yes No
9		ribe how the organization repo				
		nd include, if applicable, the te		rganization's fina	ncial statements	that describes the
Dev		counting for conservation ease		<b>T</b>	Other Cimiler	Accete
Par		ions Maintaining Collecti			Other Similar	Assets.
10		f the organization answere n elected, as permitted under			atotomont and h	alanaa ahaat
1a		orical treasures, or other simila				
		ovide in Part XIII the text of the	•			
h		n elected, as permitted under				
U U		orical treasures, or other simila				
		ovide the following amounts re		Amonon, euuodu	on, or researor in	
		uded on Form 990, Part VIII, li				\$
		ed in Form 990, Part X				¥\$
2		n received or held works of art				
-		is required to be reported under			le lei intariolal ya	
а	•	d on Form 990, Part VIII, line ?				\$
		in Form 990. Part X				\$

Schedu	le D (Form 990) 2022 SHORE LEGAL ACCES	SS INC		16-17	79280		Page <b>2</b>
Part	III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, o	r Other Similar Asse	ets (contir	nued)	
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):						
а	Public exhibition	d	Loan or exchange	program			
b	Scholarly research	e	Other				
с	Preservation for future generations						
4	Provide a description of the organization's o XIII.	collections and explain h	ow they further the o	rganization's exempt pur	pose in Pa	irt	
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?						
Part			5				
T art	Complete if the organization answ 990, Part X, line 21.		990, Part IV, line 9	, or reported an amou	nt on For	m	
1a	Is the organization an agent, trustee, custo	dian or other intermediar	ry for contributions or	other assets not			
	included on Form 990, Part X?			• • • • • • • • •	Ye	s	No
b	If "Yes," explain the arrangement in Part XI	III and complete the follo	wing table:		Amount		
~	Beginning balance			. 1c	Amount		
с d	Additions during the year			. 1d			
e	Distributions during the year			. 1e			
f	Ending balance			16 1f			0
2a	Did the organization include an amount on					s X	No
	If "Yes," explain the arrangement in Part XI			•			
b							<u> </u>
Part	V Endowment Funds. Complete if the organization answ	warad "Vaa" on Earm	000 Dart IV line 1	n			
			or year (c) Two year			ur years	back
1a	Beginning of year balance			(u) Thee years back		ui yeais	Dack
b	Contributions						
č	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	0	0	0	0		0
2	Provide the estimated percentage of the cu	irrent year end balance (	(line 1g, column (a)) h	eld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment	%					
С	Term endowment %						
	The percentages on lines 2a, 2b, and 2c sh	-					
3a	Are there endowment funds not in the poss	session of the organization	on that are held and a	dministered for the	F		
	organization by:					Yes	No
	(i) Unrelated organizations				3a(i)		┝────
L.					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi				3b		L
4 Port	Describe in Part XIII the intended uses of the						
Part	VI Land, Buildings, and Equipmen Complete if the organization answ		990 Part IV line 1	1a See Form 990 Pa	art X line	10	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated		ok valu	
	Description of property	(investment)	(other)	depreciation	(u) BC	on valu	-
1a	Land	0		0			0
b	Buildings			0 0			0
с	Leasehold improvements	0		0 0			0
d	Equipment	0	114,94	4 52,225		6	62,719
е	Other	0		0 0			0
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	, column (B), line 10c	)		6	62,719

Schedule D	(Form	990)	2022
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line           (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         0         (c) Method of valuation: Cost or end-of-year market value           (1) Financial derivatives         0         (c) Method of valuation: Cost or end-of-year market value           (2) Closely held equity interests         0         (c)           (3) Other         0         (c)           (A)         0         (c)           (B)         (c)         (c)           (C)         (c)         (c)           (B)         (c)         (c)         (c)           (C)         (c)         (c)         (c)           (C)         (c)         (c)         (c)           (F)         (c)         (c)         (c)           (G)         (d)         (c)         (c)         (c)           Part VIII         Investments—Program Related.         (c)         Method of valuation: Cost or end-of-year market value           (1)         (d)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (4)         (c)	e 12.
(including name of security)         (b)         Cost or end-of-year market value           (1) Financial derivatives         0           (2) Closely held equity interests         0           (3) Other         0           (A)         0           (B)         0           (C)         0           (B)         0           (C)         0           (B)         0           (C)         0           (B)         0           (C)         0           (D)         0           (E)         0           (G)         0           (H)         0           Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).         0           Part VIII         Investments—Program Related.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line           (a) Description of investment         (b) Book value           (1)         0           (2)         0           (3)         0           (4)         0           (5)         0           (6)         0	
(2) Closely held equity interests       0         (3) Other       0         (A)       0         (B)       0         (C)       0         (D)       0         (E)       0         (F)       0         (G)       0         (H)       0         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (c) Method of valuation:         Cost or end-of-year market value         (1)       0         (2)       0         (3)       0         (4)       0         (5)       0         (6)       0         (7)       0	
(a) Other       (b)         (A)       (c)         (B)       (c)         (C)       (c)         (D)       (c)         (E)       (c)         (F)       (c)         (G)       (c)         (H)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (c) Method of valuation:       Cost or end-of-year market value         (1)       (c)         (a)       (c)         (f)       (c)         (f)       (c)         (f)       (c)         (f)       (c)         (f)       (c)         (f)       (c)	
(A)	
(B)       (C)         (C)       (D)         (D)       (E)         (E)       (E)         (F)       (C)         (G)       (C)         (G)       (C)         (H)       (C)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (a) Description of investment       (b) Book value         (1)       (C) Method of valuation: Cost or end-of-year market value         (1)       (2)         (3)       (C)         (4)       (C)         (5)       (C)         (6)       (C)         (7)       (C)	
(C)       (D)         (D)       (E)         (E)       (E)         (F)       (E)         (G)       (E)         (G)       (E)         (H)       (E)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (a) Description of investment       (b) Book value         (c) Method of valuation: Cost or end-of-year market value         (1)       (a)         (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (f)       (f)         (g)       (f)         (f)       (f)         (f)       (f)         (f)       (f)         (f)       (f)         (f)       (f)	
(D)       (E)         (E)       (F)         (G)       (G)         (H)       (G)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)         (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value         (c)       (c) Method of valuation: Cost or end-of-year market value         (f)       (f)         (g)       (f) <td></td>	
(E)       (F)         (G)       (G)         (H)       (H)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)         (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value         (c)       (c) Method of valuation: Cost or end-of-year market value         (f)       (f)         (g)       (f) <td></td>	
(F)       (G)         (G)       (H)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered       "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (c)       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)	
(G)       (H)       0         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (1)       Cost or end-of-year market value         (2)       (a)         (b)       (b)         (c)       (c)         (d)       (c)         (f)       (c)         (c)       (c)         (c)       (c)         (c)       (c)         (d)       (c)         (f)       (c)	
(H)       0         Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (1)       Cost or end-of-year market value         (2)       0         (3)       0         (4)       0         (5)       0         (6)       0         (7)       0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).       0         Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value         (1)       Cost or end-of-year market value         (2)       (3)         (4)       (5)         (6)       (7)	
Part VIII       Investments—Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (2)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (3)       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)         (5)       (c)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)       (c)       (c)       (c)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (2)       (3)       (4)       (5)         (6)       (6)       (7)       (7)       (7)	
(a) Soon pain of information     (b) Soon failed     Cost or end-of-year market value       (1)     (2)     (3)       (3)     (4)       (5)     (5)       (6)     (6)       (7)     (7)	e 13.
(2)       (3)       (4)       (5)       (6)       (7)	
(3)       (4)       (5)       (6)       (7)	
(4)       (5)       (6)       (7)	
(5) (6) (7)	
(6) (7)	
(7)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line	o 15
(a) Description (b) Book value	
(a) Description (b) book value (b) b	7,742
(2) RIGHT OF USE ASSET	371,112
(3)	571,112
(4)	
(5)	
(6)	
(7)	
(9)	
	378,854
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part	t X.
line 25.	,
1. (a) Description of liability (b) Book value	lue
(1) Federal income taxes	0
(2) REFUNDABLE ADVANCE	79
	374,305
(4)	,
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).	

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

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Schedu	ule D (Form 990) 2022 SHORE LEGAL ACCESS INC	16-1779280	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	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	1,598,130
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments   2a   9,475		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	9,475
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,588,655
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4 <b>č</b>	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,588,655
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,690,410
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C.	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,690,410
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b.       4a         Other (Describe in Part XIII.)       4b		
b C		40	0
5	Add lines <b>4a</b> and <b>4b</b>	4c 5	1,690,410
-	XIII         Supplemental Information.	Ŭ	1,030,410
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	t V line 1: Par	t X line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the second s		
Part	K Line 2 THE ORGANIZATION IS A PUBLIC CHARITY THAT IS EXEMPT FROM INCOME TAXES UNDEF		
SECT	FION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT CONDUCT UNRELATED BUSINESS	2	
SECI	TION 30 T(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT CONDUCT UNRELATED BUSINES.	5	
	VITIES. THEREFORE, THE ORGANIZATION HAS MADE NO PROVISION FOR FEDERAL INCOME TAXI		
<u> </u>			
THE	ACCOMPANYING FINANCIAL STATEMENTS.		

Part XIII	Supplemental Information (continued)
	<u> </u>
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SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

2022
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection			
Name of the organization Employer identification ne						
SHORE LEGAL ACCESS INC 16-1779280						
Form 990, Part III, Line 4d: Program Service Expenses: 94,946, Grants and allocations: 0,						
Revenue: 0 ELDER LAW PROJECT-SERVING THE AGING POPULATION BY PROVIDING THEM WITH IMPORTANT						
END OF LIFE DOCUMENTS AND GENERAL LEGAL ADVICE IN A SAFE AND SECURE SETTING. MMIGRANT						
ASSISTANCE PROJECT- PROVIDES SECURE, SAFE, LEGAL ASSISTANCE AND COUNSELING TO IMMIGRANTS						
LIVING AND WORKIN	LIVING AND WORKING IN OUR COMMUNITY.					
Form 990, Part VI, Se	ction B, Line 11B: 990 PROVIDE TO MANAGEMENT PRIOR TO FILING W	ITH THE				
INTERNAL REVENUE	SERVICE.					
Form 990, Part VI, Se	ction B, Line 12C: AN INTERESTED PARTY IS UNDER A CONTINUING C	BLIGATION				
TO DISCLOSE ANY A	ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KI	NOWN OR REAS	ONABLY			
SHOULD BE KNOWN. AN INTERESTED PARTY SHALL COMPLETE A QUESTIONNAIRE, IN THE FORM ATTACHED						
HERETO AS APPENDIX A, TO FULLY, AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY ACTUAL OR						
POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT SHALL BE COMPLETED UPON HIS/HER						
ASSOCIATION WITH THE ORGANIZATION AND SHALL BE UPDATED ANNUALLY THEREAFTER. AN ADDITIONAL						
DISCLOSURE STATE	DISCLOSURE STATEMENT SHALL BE FILED AT SUCH TIME AS AN ACTUAL OR POTENTIAL CONFLICT ARISES.					
FOR BOARD MEMBERS, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT OF THE BOARD.						
THE PRESIDENTS DISCLOSURE STATEMENT SHALL BE PROVIDED TO THE SECRETARY OF THE BOARD. COPIES						
SHALL ALSO BE PROVIDED TO THE EXECUTIVE DIRECTOR. IN THE CASE OF STAFF OR VOLUNTEERS WITH						
SIGNIFICANT DECIS	ION-MAKING AUTHORITY, THE DISCLOSURE STATEMENTS SHALL BE	PROVIDED TO	ſHE			
EXECUTIVE DIRECT	OR. THE EXECUTIVE DIRECTORS DISCLOSURE STATEMENT SHALL E	BE PROVIDED TO	) THE			
PRESIDENT OF THE BOARD. THE SECRETARY OF THE BOARD SHALL FILE COPIES OF ALL DISCLOSURE						
STATEMENTS WITH	THE OFFICIAL CORPORATE RECORDS OF THE ORGANIZATION.					
Form 990, Part VI, Se	ction C, Line 19: NO OTHER DOCUMENTS ARE AVAILABLE TO THE PUI	BLIC.				

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
SHORE LEGAL ACCESS INC	16-1779280
	1
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