

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

B Check if applicable

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

SOUTH OAKLAND SHELTER

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

Room/suite

431 N MAIN

City or town, state or country, and ZIP + 4

ROYAL OAK, MI 48067

D Employer identification number

38-2847849

E Telephone number

Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

G Web site ▶

J Organization type (check only one) ☒ 501(c) (03) ◀ (insert no) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 354,678

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received STMT 1			
a Direct public support	1a	136,913	
b Indirect public support	1b		
c Government contributions (grants)	1c	168,046	
d Total (add lines 1a through 1c) (cash \$ 304,959 noncash \$)	1d	304,959	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	706	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	298	
5 Dividends and interest from securities	5	32,786	
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c columns (A) and (B))	8c		
8d			
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a) STMT 3	9a	15,929	
b Less direct expenses other than fundraising expenses	9b	10,116	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	5,813	
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	344,562	
13 Program services (from line 44, column (B))	13	238,631	
14 Management and general (from line 44, column (C))	14	88,982	
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	327,613	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	16,949	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,073,414	
20 Other changes in net assets or fund balances (attach explanation) STMT 4	20	-44,774	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,045,589	

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23 Specific assistance to individuals (attach schedule)	21,286	21,286	STMT 5	
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	49,840	4,310	45,530	
26 Other salaries and wages	97,033	97,033		
27 Pension plan contributions				
28 Other employee benefits	13,952	9,626	4,326	
29 Payroll taxes	12,055	8,318	3,737	
30 Professional fundraising fees				
31 Accounting fees	8,500		8,500	
32 Legal fees	2,019		2,019	
33 Supplies	9,615	7,211	2,404	
34 Telephone	5,898	5,308	590	
35 Postage and shipping	551	330	221	
36 Occupancy	74,670	63,470	11,200	
37 Equipment rental and maintenance				
38 Printing and publications	2,801	1,456	1,345	
39 Travel	10,684	8,547	2,137	
40 Conferences, conventions, and meetings	2,145	922	1,223	
41 Interest				
42 Depreciation depletion etc (attach schedule)	10,313	7,735	2,578	
43 Other expenses not covered above (itemize) STMT 6	6,251	3,079	3,172	
b				
c				
d				
e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	327,613	238,631	88,982	

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)What is the organization's primary exempt purpose? **STMT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a	PROVIDE COUNSELING SERVICES TO HOMELESS WHO QUALIFY FOR THEIR PROGRAM	(Grants and allocations \$ _____)	137,283
b	DIRECT CLIENT ASSISTANCE	(Grants and allocations \$ _____)	101,348
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		238,631

Part IV Balance Sheets (See Specific Instructions on page 24)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	23,288	45	79,564
46	Savings and temporary cash investments	97,161	46	25,208
47a	Accounts receivable	6,893		
b	Less allowance for doubtful accounts		47c	6,893
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	2,367	53	8,411
54	Investments - securities (attach schedule) SMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	850,947	54	839,019
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis SMT 1	150,616		
b	Less accumulated depreciation (attach schedule)	58,106	57c	92,510
58	Other assets (describe <input type="checkbox"/>)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	1,081,175	59	1,051,605
60	Accounts payable and accrued expenses	7,761	60	6,016
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	7,761	66	6,016
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	1,073,414	67	1,045,589
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)	1,073,414	73	1,045,589
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,081,175	74	1,051,605

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B Reconciliation of Expenses per Audited
Financial Statements with Expenses per
Return

a Total revenue, gains, and other support per audited financial statements	a 354,678	a Total expenses and losses per audited financial statements	a 382,503
b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants \$ (4) Other (specify) <u>STMT 11</u> \$ 10,116. Add amounts on lines (1) through (4)	b 10,116	b Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify) <u>STMT 12</u> \$ 54,890 Add amounts on lines (1) through (4)	b 54,890
c Line a minus line b	c 344,562	c Line a minus line b	c 327,613
d Amounts included on line 12, Form 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify) <u> </u> \$ Add amounts on lines (1) and (2)	d	d Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify) <u> </u> \$ Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 344,562	e Total expenses per line 17, Form 990 (line c plus line d)	e 327,613

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule - see Specific Instructions on page 27

Yes	No
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Form 990 (2001)

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a LUNCH PROGRAM			3	150	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					556
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	298	
96 Dividends and interest from securities			14	32,786	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			2	5,813	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				39,047	556
105 Total (add line 104, columns (B), (D), and (E))					39,603

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93G	INCOME RECEIVED PROVIDED THE FUNDS NEEDED TO CARRY OUT THE PROGRAM SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Print Name of Officer, Executive Director, or Other Individual Preparing or Signing This Return: [Signature]

Date: 1/10/28/02

Signature of Preparer: [Signature]

Date: _____ Check: _____ Preparer's SSN or PTIN (See Gen. Inst. W-9): _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2001

SOUTH OAKLAND SHELTER

Employer identification number

38-2847849

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

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

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 12	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments. STMT 14		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	295,793	251,530	292,636	328,558	1,168,517
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	495	210	1,231	1,034	2,970
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	46,208	47,523	49,841	45,943	189,515
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 15 7,315	11,677	9,548	10,728	39,268
23 Total of lines 15 through 22	349,811	310,940	353,256	386,263	1,400,270
24 Line 23 minus line 17	349,316	310,730	352,025	385,229	1,397,300
25 Enter 1% of line 23	3,498	3,109	3,533	3,863	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 27,946
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	16				26b 99,108
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,397,300
d Add Amounts from column (e) for lines	18 189,515	19			26d 327,891
	22 39,268	26b 99,108			26e 1,069,409
e Public support (line 26c minus line 26d total)					26f 76.5340 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
	(2000)	(1999)	(1998)	NOT APPLICABLE	(1997)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000)	(1999)	(1998)		(1997)
c Add Amounts from column (e) for lines	15	16			27c
	17	20	21		27d
d Add Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check ☐ **a** if the organization belongs to an affiliated group
- Check ☐ **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Yes	No
-----	----

(i) Cash	51a(i)		x
----------------	--------	--	----------

(ii) Other assets	a(ii)		x
-------------------	-------	--	---

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(1)	x
---	------	---

(ii) Purchases of assets from a noncharitable exempt organization	b(II)	x
---	-------	---

(iii) Rental of facilities, equipment, or other assets	b(III)		X
--	--------	--	---

(iv) Reimbursement arrangements	b(iv)	x
---------------------------------	-------	---

(v) Loans or loan guarantees	b(v)	x
------------------------------	------	---

(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
---	-------	--	---

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

с		х
----------	--	----------

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

SOUTH OAKLAND SHELTER**38-2847849**

Organization type (check one)

Filers of:**Section.**

Form 990 or 990-EZ

☒

501(c)(03) (enter number) organization

☐

4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐

527 political organization

Form 990-PF

☐

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -☒

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -☐

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

☐For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)☐For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

SOUTH OAKLAND SHELTER

38-2847849

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		<u>40,811.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		<u>17,556</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		<u>75,920</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		<u>33,759</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		<u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>7</u>		<u>12,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Schedule B (Form 990 990-EZ or 990-PF) (2001)

Name of organization

Employer identification number

SOUTH OAKLAND SHELTER

38-2847849

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		37,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2& OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	40,000.	27,946.	12,054.
	115,000.	27,946.	87,054.
TOTAL	155,000.		99,108.

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS
-----DATE
-----DIRECT
PUBLIC
SUPPORT
-----GOVERNMENT
GRANTS

★

40,811.

17,556.

75,920.

33,759.

67,913.

20,000.

12,000.

37,000.

5/13/2002

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
TOTAL CONTRIBUTION AMOUNTS		136,913. =====	168,046. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ARTS, BEATS AND EATS PARISIANS	14,469. 1,460.	10,116.	4,353. 1,460.
TOTALS	15,929.	10,116.	5,813.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	44,774.

TOTAL	44,774.
	=====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

=====

DESCRIPTION -----	PROGRAM SERVICES -----
FOOD, SHELTER, CLOTHING & MEDICAL	21,286.
TOTALS	-----
	21,286.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
SUBSCRIPTIONS	503.	302.	201.
MISCELLANEOUS	4,100.	1,927.	2,173.
PROF. LIABILITY INSURANCE	850.	850.	
MEMBERSHIPS	798.		798.
TOTALS	6,251.	3,079.	3,172.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO FUND, OPERATE AND MAINTAIN A PROGRAM TO SHELTER AND PROVIDE
SUPPORT SERVICES TO THE HOMELESS.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
US TREASURY NOTES - RECORDED AT FAIR MKT VALUE	462,377.
GLOBAL MARINE STOCK - RECORDED AT FAIR MKT VALUE	903.
MUTUAL FUNDS - RECORDED AT FAIR MKT VALUE	321,391.
MONEY MARKET FUNDS - RECORDED AT FAIR MKT VALUE	54,348.
TOTALS	----- 839,019. =====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FURN & FIXTURES	SL	10,771			10,771	10,771			10,771
OFFICE EQUIPMENT	SL	10,436			10,436	10,436			10,436
FURN & FIXTURES	SL	1,419			1,419	1,117	203		1,320
OFFICE EQUIPMENT	SL	500			500	392	71		463
FURN & FIXTURES	SL	535			535	304	76		380
OFFICE EQUIPMENT	SL	6,394			6,394	5,276	1,118		6,394
FURN & FIXTURES	SL	4,850			4,850	1,602	693		2,295
LEASEHOLD IMPROV	SL	108,830			108,830	17,637	7,255		24,892
FURN & FIXTURES	SL	202			202	10	29		39
FURN & FIXTURES	SL	425			425	NONE	61		61
LEASEHOLD IMPROV	SL	380			380	23	25		48
LEASEHOLD IMPROV	SL	1,300			1,300	NONE	87		87
OFFICE EQUIPMENT	SL	1,150			1,150	134	230		364
OFFICE EQUIPMENT	SL	510			510	43	102		145
OFFICE EQUIPMENT	SL	393			393	44	131		175
OFFICE EQUIPMENT	SL	150			150	4	50		54.
OFFICE EQUIPMENT	SL		1,635		1,635		164		164
FURN & FIXTURES	SL		735		735		18		18

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

		FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
TOTALS		148,245			150,615	47,793			58,106

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

DIRECT FUNDRAISING EXPENSES

10,116.

TOTAL

10,116.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
DIRECT FUNDRAISING EXPENSES	10,116.
UNREALIZED LOSS ON INVESTMENTS	44,774.

TOTAL	54,890.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SEE ATTACHED SCHEDULE	5 HRS/WK	NONE	NONE	NONE
MONICA DUNCAN 431 N. MAIN ST. ROYAL OAK MI 48067	EXECUTIVE DIRECTOR 60 HRS/WK	49,840.	NONE	NONE
	GRAND TOTALS	49,840.	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 4
=====

INDIVIDUALS RECEIVING DISBURSEMENTS QUALIFY BASED ON NEED AS
DETERMINED BY THE BOARD.
THE ORGANIZATION HELPS TO PROVIDE SHELTER AND SUPPORTIVE SERVICES
TO THE HOMELESS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
FUNDRAISING	7,315.	11,677.	9,548.	10,728.	39,268.
TOTALS	7,315.	11,677.	9,548.	10,728.	39,268.

SOUTH OAKLAND SHELTER

Description of Property

GENERAL DEPRECIATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURN & FIXTURES	01/01/1999	10,771	100 000			10,771	10,771	10,771	SL		7 000				
OFFICE EQUIPMENT	01/01/1999	10,436	100 000			10,436	10,436	10,436	SL		7 000				
FURN & FIXTURES	10/24/1995	1,419	100 000			1,419	1,117	1,320	SL		7 000				203
OFFICE EQUIPMENT	04/24/1996	500	100 000			500	392	463	SL		7 000				71
FURN & FIXTURES	05/02/1997	535	100 000			535	304	380	SL		7 000				76
OFFICE EQUIPMENT	06/13/1997	6,394	100 000			6,394	5,276	6,394	SL		5 000				1,118
FURN & FIXTURES	01/01/1999	4,850	100 000			4,850	1,602	2,295	SL		7 000				693
LEASEHOLD IMPROV	01/01/1999	108,830	100 000			108,830	17,637	24,892	SL		15 000				7,255
FURN & FIXTURES	02/23/2001	202	100 000			202	10	39	SL		7 000				29
FURN & FIXTURES	06/25/2001	425	100 000			425	NONE	61	SL		7 000				61
LEASEHOLD IMPROV	08/11/2000	380	100 000			380	23	48	SL		15 000				25
LEASEHOLD IMPROV	06/18/2000	1,300	100 000			1,300	NONE	87	SL		15 000				87
OFFICE EQUIPMENT	12/01/2000	1,150	100 000			1,150	134	364	SL		5 000				230
OFFICE EQUIPMENT	02/08/2001	510	100 000			510	43	145	SL		5 000				102
OFFICE EQUIPMENT	02/21/2001	393	100 000			393	44	175	SL		3 000				131
OFFICE EQUIPMENT	06/13/2001	150	100 000			150	4	54	SL		3 000				50
OFFICE EQUIPMENT	01/07/2002	1,635	100 000			1,635		164	SL		5 000				164
FURN & FIXTURES	04/24/2002	735	100 000			735		18	SL		7 000				18
Less Retired Assets															
Subtotals		150,615				150,615	47,793	58,106							10,313

Listed Property

Less Retired Assets															
Subtotals															
TOTALS		150,615				150,615	47,793	58,106							10,313

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS						

*Assets Retired

JSA

1X9024 5 000

South Oakland Shelter 2001-2002 Board of Directors

PRESIDENT Jane Jacobsen

VICE PRESIDENT Marie Ferguson-Jones

TREASURER Linda Spannaus

SECRETARY George Dodd

ALL MEMBERS

Site Member

BONO, Claire

At Large Member

BUSCH, Pat

Site Member

CARR, Bruce

Agency Member

CURRIN, David

Site Member

DODD, George

Agency Member

DRAKE, Paul

At-Large Member

FERGUSON-JONES, Marie

At Large Member

FOX, Madelyn

At Large Member

GARRY, Kim

Agency Member

HEFFERNAN, Robert

At Large Member

JACOBSEN, Jane

At Large Member

KAPANOWSKI, Elaine

Agency Member

LARSON, John

At Large Member

MAISELS, Carol

At Large Member

MAISIAK, Susan

At Large Member

McGUFFEY, Jim

Agency Member

PERMALOFF, David

At Large Member

RAFTERY, Ann

Site Member

ROSS, Robin

Site Member

SPANNAUS, Linda

At Large Member

VILLA, John

At Large Member

WEBB, Judy

Executive Director

DUNCAN, Monica L.

SITES

2002 - St. Phillip's Episcopal Church

GEORGE DODD

63 Grosse Pines Drive

Rochester Hills, MI

48309

2002 - Antioch Lutheran church

LINDA SPANNAUS

3238 Ellwood

Berkley, MI

48072

2003 - St. Mary's of the Hills

CLAIRE BONO

44259 Doebler

Sterling Heights, MI

48314

2003 - Covenant Baptist Church

BRUCE CARR

23436 N. Stockton

Farmington Hills, MI

48336

2004 - First United Methodist of Royal Oak

ROBIN ROSS

23070 Marlow

Oak Park, MI

48237

2001-2002 Board of Directors

AGENCIES

2002 - Society St. Vincent DePaul

Robert Heffernan

622 Baldwin

Royal Oak, MI

48067

2003 - Salvation Army

Paul Drake

3015 N Main

Royal Oak, MI 48073

2003 - Common Ground Sanctuary

David Permaloff

1228 S Washington

Royal Oak, MI

48067

2004 - Catholic Social Services

David Currin

33856 Fonville

Livonia, MI

48341

2004 - Community Mental Health

John Larson

c/o Oakland County Substance Abuse

250 Elizabeth Lake Road #1550

Pontiac, MI

48341

MEMBERS AT LARGE

2002 - At Large Member

Pat Busch

771 Old Perch

Rochester Hills, MI

48309

2002 - At Large Member

Madeira Fox

68370 Glengarry

Washington, MI

48095

2002 - At Large Member

James McGuffey

26 Wildwood Drive

Troy, MI

48098

2003 - At Large Member

Ann Raftery

34652 Beechwood

Farmington Hills, MI

48335

2003 - At Large Member

Kim Garry

36092 Congress

Farmington Hills, MI

48336

2003 - At Large Member

Jane Jacobsen

81 Illinois

Pontiac, MI

48341

2003 - At Large Member

John Villa

32550 Plumwood

Beverly Hills, MI

48025

2004 - At Large Member

Marie Ferguson-Jones

Smith Ferguson Jones Associates

P.O. Box 336

Farmington Hills, MI 48302

2004 - At Large Member

Elsie Kapanowski

428 N Center

Royal Oak, MI

48067

2004 - At Large Member

Carol Mahela

1933 Lone Pine Rd.

Bloomfield Hills, MI

48302

2004 - At Large Member

Susan Masiak

677 Augusta Drive

Rochester Hills, MI 48309

2004 - At Large Member

Judy Webb

1521 Ledbury

Bloomfield Hills, MI

48204