

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 black lung benefit trust or private foundation)

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 7/1/2003, and ending 6/30/2004

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)

431 N. Main

Room/suite

City or town

State or country

ZIP + 4

Royal Oak

MI

48067

D Employer identification number

38-2847849

E Telephone number

F 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 ▶ N/A

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 Group Exemption Number ▶ N/A

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

G Website: ▶ N/A

J Organization type (check only one) ☒ 501(c) (3) ◀ (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 ▶ 427,846

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a 193,071

b Indirect public support

1b

c Government contributions (grants)

1c 113,170

d Total (add lines 1a through 1c) (cash \$ 306,241 noncash \$)

1d 306,241

2 Service revenue including government fees and contracts (from Part VII, line 93)

2 0

3 Member dues and assessments

3 0

4 Interest on savings and temporary cash investments

4 0

5 Dividends and interest from securities

5 33,958

6a Gross rents

6a

b Less: rental expenses

6b

6c Rental income or (loss) (subtract line 6b from line 6a)

6c 0

7 Other investment income (describe ▶)

7 0

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

70,000

8a 0

b Less: cost or other basis and sales expenses

61,406

8b 0

c Gain or (loss) (attach schedule)

8,594

8c 0

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d 8,594

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ 193,071 of

contributions reported on line 1a)

9a 13,590

b Less: direct expenses other than fundraising expenses

9b 6,498

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c 7,092

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 0

11 Other revenue (from Part VII, line 103)

11 4,057

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 359,942

13 Program services (from line 44, column (B))

13 293,611

14 Management and general (from line 44, column (C))

14 78,705

15 Fundraising (from line 44, column (D))

15 0

16 Payments to affiliates (attach schedule)

16 0

17 Total expenses (add lines 16 and 44, column (A))

17 372,316

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -12,374

19 Net assets or fund balances at beginning of year (from line 73, column (A))

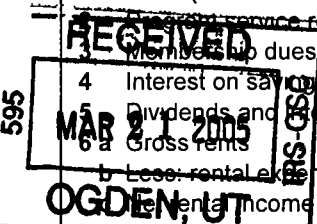
19 946,546

20 Other changes in net assets or fund balances (attach explanation)

20 33,728

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 967,900



Revenue

Expenses

Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

(HTA)

62

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 page 22 of the instructions.)

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 \$ 0 noncash \$ 0)	22	0			
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25	Compensation of officers, directors, etc	25	52,869	47,582	5,287	
26	Other salaries and wages	26	130,330	117,298	13,032	
27	Pension plan contributions	27	3,087	2,778	309	
28	Other employee benefits	28	13,103	12,641	462	
29	Payroll taxes	29	15,042	14,250	792	
30	Professional fundraising fees	30	0			
31	Accounting fees	31	7,200		7,200	
32	Legal fees	32	261		261	
33	Supplies	33	5,959	4,470	1,489	
34	Telephone	34	9,376	7,501	1,875	
35	Postage and shipping	35	1,695	848	847	
36	Occupancy	36	57,105	46,999	10,106	
37	Equipment rental and maintenance	37	14,849	7,944	6,905	
38	Printing and publications	38	5,002		5,002	
39	Travel	39	963	867	96	
40	Conferences, conventions, and meetings	40	1,723		1,723	
41	Interest	41	0			
42	Depreciation, depletion, etc (attach schedule)	42	10,310	9,795	515	
43	Other expenses not covered above (itemize) a Misc	43a	9,385		9,385	
	b Payroll preparation fees & bank fees	43b	6,076		6,076	
	c Insurance	43c	6,475		6,475	
	d Advertising	43d	868		868	
	e Client Services	43e	20,638	20,638		
	f	43f	0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	372,316	293,611	78,705	0

Joint Costs. Check ☐ if you are following SOP 98-2.Are 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 \$ 0; (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 page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Provide shelter & support services to the homeless

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 qualifying homeless individuals	(Grants and allocations \$)	175,594
b	Direct client assistance	(Grants and allocations \$)	118,017
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)		293,611

Part IV Balance Sheets (See page 25 of the instructions.)

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
Assets	45	Cash—non-interest-bearing		40,797	45	34,680
	46	Savings and temporary cash investments		8,878	46	3,097
	47 a	Accounts receivable	47a 4,454			
	b	Less: allowance for doubtful accounts	47b 0	2,622	47c	4,454
	48 a	Pledges receivable	48a 0			
	b	Less: allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable			49	44,124
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less: allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use		8,711	52	79
	53	Prepaid expenses and deferred charges			53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		804,340	54	806,495
	55 a	Investments—land, buildings, and equipment basis	55a 0			
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments—other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment, basis	57a 152,887				
b	Less: accumulated depreciation (attach schedule)	57b 73,317	89,271	57c	79,570	
58	Other assets (describe)		0	58	0	
59	Total assets (add lines 45 through 58) (must equal line 74)		954,619	59	972,499	
Liabilities	60	Accounts payable and accrued expenses		8,073	60	4,599
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe)		0	65	0
66	Total liabilities (add lines 60 through 65)		8,073	66	4,599	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		946,546	67	967,900
	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; column (B) must equal line 21)		946,546	73	967,900
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		954,619	74	972,499	

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 page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	400,168
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 33,728		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	33,728
c	Line a minus line b	c	366,440
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): Fundraiser exp \$ -6,498		
	Add amounts on lines (1) and (2)	d	-6,498
e	Total revenue per line 12, Form 990 (line c plus line d)	e	359,942

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

a	Total expenses and losses per audited financial statements	a	378,814
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): \$		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	378,814
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): Fundraiser exp \$ -6,498		
	Add amounts on lines (1) and (2)	d	-6,498
e	Total expenses per line 17, Form 990 (line c plus line d)	e	372,316

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>Monica L. Duncan</u> Str <u>431 N. Main</u> City <u>Royal Oak</u> ST <u>MI</u> ZIP <u>48067</u>	Title <u>Executive Direc</u> Hr/WK <u>40</u>	52,869	0	1,500
Name <u>See statement</u> Str City <u>for remainder</u> ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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?
If "Yes," attach schedule—see page 28 of the instructions.

☐ Yes ☒ No

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions 81a		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 0		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A		
90 a	List the states with which a copy of this return is filed MI		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 8		
91	The books are in care of Name Susan Wichmann Telephone no (248) 546-6566 Located at 431 N. Main City Royal Oak ST MI Zip + 4 48067		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**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					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	33,958	
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			18	8,594	
101 Net income or (loss) from special events			01	7,092	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a Miscellaneous			01	4,057	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		53,701	0
105 Total (add line 104, columns (B), (D), and (E))					53,701

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 page 34 of the instructions.)

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)

▼

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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)

Please 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.

[Signature] Date 3/17/05

Date ☐ Check if ☐ Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

OMB No 1545-0047

2003

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

Name of the organization

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
Name Str NONE City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000	0			

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
Name NONE Str City ST ZIP Country Check here if a business		
Name Str City ST ZIP Country Check here if a business		
Name Str City ST ZIP Country Check here if a business		
Name Str City ST ZIP Country Check here if a business		
Name Str City ST ZIP Country Check here if a business		
Total number of others receiving over \$50,000 for professional services	0	

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	247,953	304,959	295,793	251,530	1,100,235
16 Membership fees received					0
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	10,002	16,635	7,810	11,887	46,334
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	32,313	33,084	46,208	47,523	159,128
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	290,268	354,678	349,811	310,940	1,305,697
24 Line 23 minus line 17	280,266	338,043	342,001	299,053	1,259,363
25 Enter 1% of line 23	2,903	3,547	3,498	3,109	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					25,187
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,259,363
d Add: Amounts from column (e) for lines:					
18 159,128 19 0					
22 0 26b 0					
e Public support (line 26c minus line 26d total)					159,128
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					1,100,235
					87.36%
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:					
(2002) (2001) (2000) (1999)					
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:					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines:					
15 0 16 0					
17 0 20 0 21 0					
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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)

N/A

	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.)		
34 a 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)

N/A

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	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Schedule A (Form 990 or 990-EZ) 2003

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Lynn Portnoy	Arts, Beats &	Parisian's	All Others	
	Fund	Eats	Fashion Show		
1a Number of special events	1	1	1	3	
2 Gross receipts	6,527	2,850	2,478	1,735	2 13,590
3 Less contributions					3 0
4 Gross revenue	6,527	2,850	2,478	1,735	4 13,590
5 Less direct expenses	4,498	1,000	1,000		5 6,498
6 Net income or (loss)	2,029	1,850	1,478	1,735	6 7,092

Line 20 (990) - Other changes in net assets or fund balances

1 Unrealized Gain on Investments	1 33,728
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10 Total	10 33,728

Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Accrued Interest Receivable	1	2,622	4,454		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	2,622	4,454	0	0

Gain/loss from sale of assets other than inventory

Description	Sale of public securities	Purchaser is a business	Purchaser	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Cost
Comerica Bank Index Funds	Yes	Yes	Various non-related financial institutions and routine investors	Various	Purchase	various	70,000	61,406

Line 54 (990) - Investments - Securities

Check one box below to indicate how securities are report:

☐ Cost☒ End of year market value (FMV)

	Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
Securities at end of year				
1 Money Market Funds			18,824	350
2 Debt Securities			377,772	381,994
3 Equity Securities			407,744	424,151
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0
21 Totals	21	0	804,340	806,495

Land (net of any amortization)		Land (net of any amortization)		
		Beginning		End
1	-----	1		
2	-----	2		
3	-----	3		
4	-----	4		
5	-----	5		
6	Total land (net of any amortization)	6	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7 Furniture & Fixtures	7	18,773	18,773	15,783	16,747
8 Leasehold Improvements	8	110,510	111,119	32,395	39,793
9 Office Equipment	9	22,995	22,995	14,829	16,777
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17 Total buildings and equipment	17	152,278	152,887	63,007	73,317
18 Buildings and equipment (less accumulated depreciation)	18			89,271	79,570
19 Total land, buildings and equipment	19			89,271	79,570

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

List of Officers, Directors, Trustees, and Key Employees

(A) Name & Address		(B) Title & average hours per week devoted to position		(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account & other allowances
David Currin	431 North Main Royal Oak, MI 48067	President	0 5	0	0	0
Susan Masiak	431 North Main Royal Oak, MI 48067	Vice President	0 5	0	0	0
Linda Spannaus	431 North Main Royal Oak, MI 48067	Treasurer	0 5	0	0	0
Carol Maisels	431 North Main Royal Oak, MI 48067	Secretary	0.5	0	0	0
Maggie Blanchard	431 North Main Royal Oak, MI 48067	Board Member	0.5	0	0	0
Paula Butler	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
Bruce Carr	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
George Dodd	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
Paul Drake	431 North Main Royal Oak, MI 48067	Board Member	0.5	0	0	0
Rita Fields	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
Jane Jacobsen	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
Jon Lechner	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
Sally Jo Levine	431 North Main Royal Oak, MI 48067	Board Member	0.5	0	0	0
Debbie Lockledge	431 North Main Royal Oak, MI 48067	Board Member	0.5	0	0	0
Alice McIntyre	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
David Permaloff	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
Christine Purtell	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0
Robin Ross	431 North Main Royal Oak, MI 48067	Board Member	0 5	0	0	0

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization South Oakland Shelter	Employer identification number 38 : 2847849
	Number, street, and room or suite no. If a P O box, see instructions 431 N. Main	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Royal Oak, MI 48067	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **February 15**, 20**05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20... or
- ☒ tax year beginning **July 1**, 20**03**, and ending **June 30**, 20**04**.

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► *Charles M. M...* Title ► **CPA** Date ► **11/8/2004**

For Paperwork Reduction Act Notice, see Instruction

Cat No 27916D

Form **8868** (12-2000)

mm/3/4/03 PF (12)

Form 8868 (Rev. 12-2004)

Page 2

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.		
Type or print	Name of Exempt Organization South Oakland Shelter	Employer identification number 38-2847840
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 431 N. Main	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Royal Oak, MI 48067	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Susan Wichman
 Telephone No. ▶ (248) 546-6029 FAX No. ▶ (248) 546-6029
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until June 15, 2005.
- 6 For calendar year _____, or other tax year beginning July 1, 2003, and ending June 30, 2004.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Audited financial statements required to file an accurate return have not been issued.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ Executive Director Date ▶ 2/15/05**Notice to Applicant—To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Form 8868 (Rev. 12-2004)