

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **07/01/23** , and ending **06/30/24**

**Shelter Association of
Washtenaw County**

38-2533030

Net Asset / Fund Balance at Beginning of Year 6,084,003

Revenue

Contributions	<u>4,610,842</u>	
Program service revenue		
Investment income	<u>166,627</u>	
Capital gain / loss	<u>66,385</u>	
Fundraising / Gaming:		
Gross revenue	<u>46,085</u>	
Direct expenses	<u>58,115</u>	
Net income	<u>-12,030</u>	
Other income	<u>14,288</u>	
Total revenue		<u>4,846,112</u>

Expenses

Program services	<u>3,331,156</u>	
Management and general	<u>325,391</u>	
Fundraising	<u>446,469</u>	
Total expenses		<u>4,103,016</u>

Excess / (deficit) 743,096

Changes 204,619

Net Asset / Fund Balance at End of Year 7,031,718

Reconciliation of Revenue

Total revenue per financial statements	<u>5,031,158</u>	
Less:		
Unrealized gains	<u>204,619</u>	
Donated services	<u> </u>	
Recoveries	<u> </u>	
Other	<u> </u>	
Plus:		
Investment expenses	<u>19,573</u>	
Other	<u> </u>	
Total revenue per return	<u><u>4,846,112</u></u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>4,083,443</u>	
Less:		
Donated services	<u> </u>	
Prior year adjustments	<u> </u>	
Losses	<u> </u>	
Other	<u> </u>	
Plus:		
Investment expenses	<u>19,573</u>	
Other	<u> </u>	
Total expenses per return	<u><u>4,103,016</u></u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>6,495,888</u>	<u>7,306,367</u>	
Liabilities	<u>411,885</u>	<u>274,649</u>	
Net assets	<u><u>6,084,003</u></u>	<u><u>7,031,718</u></u>	<u><u>947,715</u></u>

Miscellaneous Information

Amended return
Return / extended due date 05/15/25
Failure to file penalty _____

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **Shelter Association of Washtenaw County** EIN or SSN **38-2533030**

Name and title of officer or person subject to tax **Daniel Kelly
Executive Director**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,846,112</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WSR CERTIFIED PUBLIC ACCOUNTANTS, P to enter my PIN 16161 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 04/28/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38400616161
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 04/28/25

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization: **Shelter Association of Washtenaw County**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 7370

City or town, state or province, country, and ZIP or foreign postal code
Ann Arbor MI 48107

D Employer identification number
38-2533030

E Telephone number
734-662-2829

G Gross receipts\$ **6,639,640**

F Name and address of principal officer:
Daniel Kelly
312 W Huron St
Ann Arbor MI 48103

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.annarborshelter.org**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1983** **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Ending homelessness one person at a time.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	124
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,937,486	4,610,842
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,678	233,012
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,327	2,258
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,100,491	4,846,112
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	230,252	359,212
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,560,708	2,864,089
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	446,469	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	771,298	879,715
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,562,258	4,103,016	
19 Revenue less expenses. Subtract line 18 from line 12	538,233	743,096	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,495,888	7,306,367
	22 Net assets or fund balances. Subtract line 21 from line 20	411,885	274,649
		6,084,003	7,031,718

Part II Signature Block

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

Sign Here

Signature of officer: **Daniel Kelly** Date: _____
Executive Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Paul L. Roush** Preparer's signature: _____ Date: **04/28/25** Check if self-employed PTIN: **P00484406**

Firm's name: **WSR CERTIFIED PUBLIC ACCOUNTANTS, P.C.** Firm's EIN: **38-2172611**

Firm's address: **167 LITTLE LAKE DRIVE P.O. BOX 2389 ANN ARBOR, MI 48106-2389** Phone no.: **734-662-2522**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Ending homelessness one person at a time.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 1,976,759 including grants of \$ 359,212) (Revenue \$)

The Residential Program - Provides emergency shelter and supports to homeless men and women in Washtenaw County each year. Each client partners with a SAWC case manager to create mutual goals in a housing plan. The plan focuses on overcoming housing barriers through referrals to housing resources and vouchers, benefit coordination, and community supports. Each year, the Shelter Association advocates for more affordable housing in Washtenaw County. The SAWC has a goal of assisting at least 60% of Residential guests to locate affordable housing each year. Clients are also provided assistance with addressing other needs including mental health conditions, physical disability, transportation assistance, substance abuse, help with finding employment, and medical needs among others.

4b (Code:) (Expenses \$ 1,001,076 including grants of \$) (Revenue \$)

The Shelter Non-Residential Program - aids up to 60-85 individuals at a time to locate safe, affordable housing. The program provides a case manager to assist the client with accessing supportive networks in the community to end their homelessness before a residential bed becomes available. In fiscal year 2024, 59 individuals secured housing in this program without having to stay a night in shelter. Additional basic needs services provided include an onsite medical clinic, laundry, storage, showers, phone and mail access. Clients are also provided assistance with addressing other related needs including mental health, disability, transportation assistance, substance abuse, and help with finding employment.

4c (Code:) (Expenses \$ 353,321 including grants of \$) (Revenue \$)

Health Clinic - Packard Health partners with the Shelter Association to provide primary medical care and a once a week psychiatric clinic for mental health evaluations and medication reviews. In the 2024 fiscal year, The SAWC/Packard Collaboration served over 193 persons. This integrated care model is successful in linking a vulnerable, priority population to vital medical and mental health psychiatric services. The program supports patient-centered medical care for those with reduced medical adherence and access to care. The needs of those experiencing homelessness has increased; the percentage of clients with a disability has increased from 46% to over 70% in the last three years, making this program vital to our efforts to end homelessness.

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

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

4e Total program service expenses 3,331,156

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	124		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Daniel Kelly
Ann Arbor

312 W Huron St

MI 48103

734-662-2829

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sarah Paspal-Jasinski Development Director	1.00 0.00			X				127,972	0	7,048
(2) Daniel Kelly Executive Director	40.00 0.00			X				108,207	0	21,654
(3) Sedona Brown Finance Director	40.00 0.00	X						65,629	0	2,757
(4) Keith Johnson Finance Director	40.00 0.00			X				43,525	0	1,018
(5) Barry Bateman Director	1.00 0.00	X						0	0	0
(6) Bob Brewster Director	1.00 0.00	X						0	0	0
(7) Jamie Buhr Chair Emeritus	1.00 0.00	X		X				0	0	0
(8) Brian Campbell President Emeritus	1.00 0.00	X		X				0	0	0
(9) Charlie Crone Treasurer	1.00 0.00	X		X				0	0	0
(10) HJ Decker Director	1.00 0.00	X						0	0	0
(11) Martin Delonis Director	1.00 0.00	X						0	0	0

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Sean Duval, Salwa Guindi, Mark Holloway, Robert McCurdy, Matt Nelson, Dave Purkiss, Erik Serr, Michele Szczyпка, and a Subtotal row.

Summary table with 3 columns: Question number, Yes, No. Rows 3, 4, 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Multiple empty rows for data entry.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	206,797			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,973,550			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,430,495			
	g Noncash contributions included in lines 1a-1f	1g	\$ 102,167			
	h Total. Add lines 1a-1f		4,610,842			
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		166,627		166,627	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents		(i) Real	(ii) Personal		
		6a				
		b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		7a	1,801,798			
		b Less: cost or other basis and sales exps.	7b	1,735,413		
		c Gain or (loss)	7c	66,385		
	d Net gain or (loss)		66,385	66,385		
	8a Gross income from fundraising events (not including \$ 206,797 of contributions reported on line 1c). See Part IV, line 18					
8a		46,085				
b Less: direct expenses		8b	58,115			
c Net income or (loss) from fundraising events		-12,030		-12,030		
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Misc.	Business Code	14,288	14,288		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		14,288			
	12 Total revenue. See instructions		4,846,112	80,673	0	154,597

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	359,212	359,212		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,810	202,908	8,070	166,832
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,072,030	1,847,557	70,106	154,367
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	227,563	187,919	10,551	29,093
10 Payroll taxes	186,686	155,772	7,621	23,293
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,287		20,287	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,573		19,573	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	241,771	206,702	32,507	2,562
12 Advertising and promotion				
13 Office expenses	357,452	198,034	51,869	107,549
14 Information technology				
15 Royalties				
16 Occupancy	116,161	98,013	12,361	5,787
17 Travel	13,556	12,272	624	660
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,022		12,658	4,364
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,340	8,873	467	
23 Insurance	38,104	10,410	26,392	1,302
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Equipment repair and main	44,913	6,474	29,664	8,775
b Pass through expenses	34,479	34,479		
c Other direct client benef	55		55	
d Other	-32,998	2,531	22,586	-58,115
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,103,016	3,331,156	325,391	446,469
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,945	1	8,105
	2 Savings and temporary cash investments	3,226,845	2	3,045,102
	3 Pledges and grants receivable, net	295,281	3	950,765
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,191	9	19,171
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	223,244		
	b Less: accumulated depreciation	188,450		
	11 Investments—publicly traded securities	2,915,902	10c	34,794
	12 Investments—other securities. See Part IV, line 11		11	3,248,430
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,495,888	15	7,306,367	
Liabilities	17 Accounts payable and accrued expenses	126,554	16	274,649
	18 Grants payable		17	
	19 Deferred revenue	285,331	18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 Total liabilities. Add lines 17 through 25	411,885	25	274,649
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,971,907	26	5,925,293
	28 Net assets with donor restrictions	1,112,096	27	1,106,425
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	6,084,003	31	7,031,718
33 Total liabilities and net assets/fund balances	6,495,888	32	7,306,367	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,846,112
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,103,016
3	Revenue less expenses. Subtract line 2 from line 1	3	743,096
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,084,003
5	Net unrealized gains (losses) on investments	5	204,619
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,031,718

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for Kathy Wood, President.

Summary questions 3, 4, and 5 regarding compensation reporting. Includes a Yes/No grid for responses.

Section B. Independent Contractors

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization Shelter Association of Washtenaw County Employer identification number 38-2533030

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

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

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions).

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 90.10%. Row 15: Public support percentage from 2022 Schedule A, Part II, line 14 86.80%.

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization []

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization []

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization []

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions []

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

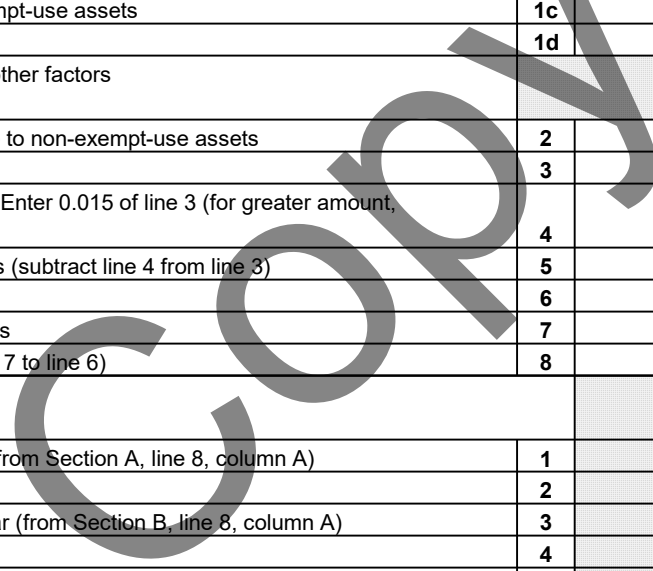
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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



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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

Part II, Line 10 - Other Income Detail

Other income \$ 9,828

Copy

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization Shelter Association of Washtenaw County	Employer identification number 38-2533030
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (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 boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

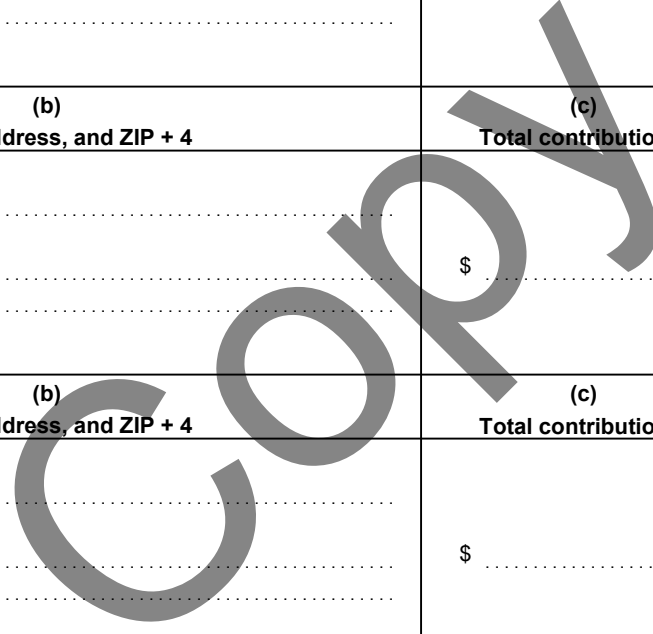
Shelter Association of

Employer identification number

38-2533030

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 249,888	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: Shelter Association of Washtenaw County. Employer identification number: 38-2533030.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Form for Part II Conservation Easements, including questions 1-8 and a table for lines 2a-2d. Includes checkboxes for various preservation purposes.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2 with dollar amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
 - a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
 - b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 - b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,915,902	2,667,954	1,779,887	1,391,020	1,374,907
b Contributions			1,200,000		
c Net investment earnings, gains, and losses	325,432	261,469	-302,554	396,993	23,386
d Grants or scholarships					
e Other expenditures for facilities and programs	15,836	13,521	9,379	8,126	7,273
f Administrative expenses					
g End of year balance	3,225,498	2,915,902	2,667,954	1,779,887	1,391,020

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a Board designated or quasi-endowment **68.15 %**
 - b Permanent endowment **31.85 %**
 - c Term endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations?		X
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		118,123	109,042	9,081
d Equipment		44,694	41,709	2,985
e Other		44,017	37,699	6,318
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,384

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Copy

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

**Shelter Association of
Washtenaw County**

Employer identification number

38-2533030

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Almost Home Gol</u> (event type)	<u>Art Fair & 40th</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	209,362	33,940	9,580	252,882
	2 Less: Contributions	206,797			206,797
	3 Gross income (line 1 minus line 2)	2,565	33,940	9,580	46,085
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,600			2,600
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	43,436	9,631	2,448	55,515
	10 Direct expense summary. Add lines 4 through 9 in column (d)				58,115
11 Net income summary. Subtract line 10 from line 3, column (d)				-12,030	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization **Shelter Association of
Washtenaw County**

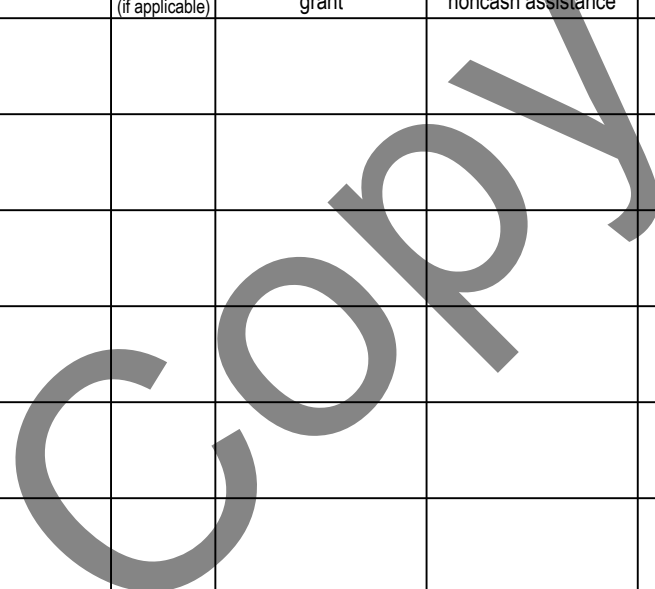
Employer identification number
38-2533030

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								



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

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

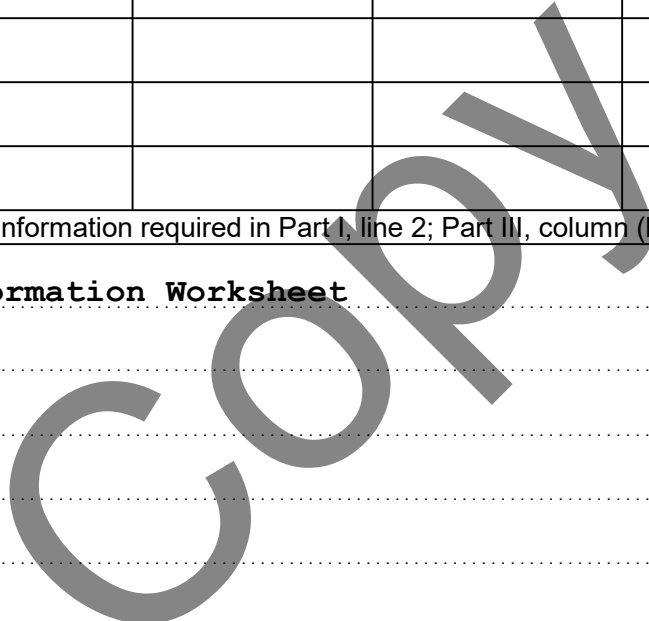
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Rent Assistance	81	112,205			
2 Hotel Stays	37	247,007			
3					
4					
5					
6					
7					

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

See Schedule I Supplemental Information Worksheet



Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2023, or tax year beginning 07/01/23, and ending 06/30/24

2023

Name of the organization Shelter Association of
Washtenaw County

Employer identification number

38-2533030

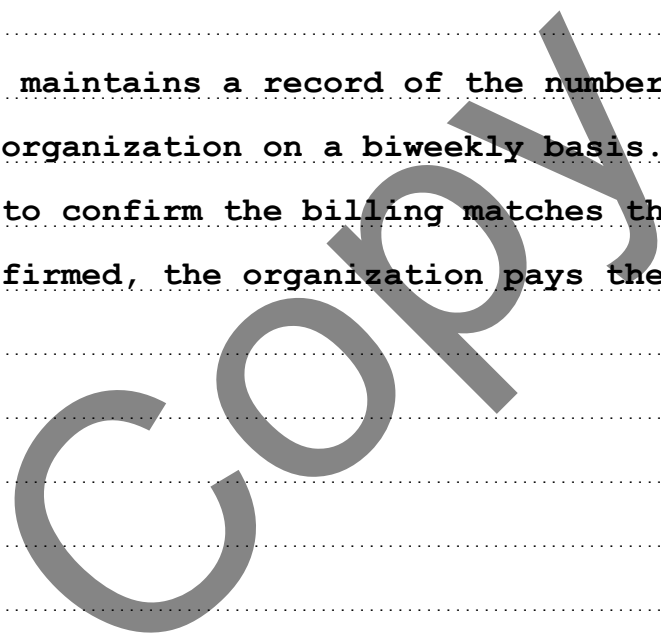
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Rental Assistance:

Applications for rent assistance are filled out by clients with the help of case managers. Applications are reviewed by the Executive Director, Program Director and Managers to determine whether qualifying criteria are met and to determine who receives rent vouchers.

Hotel Stays:

The Program Director maintains a record of the number of rooms occupied. The hotel bills the organization on a biweekly basis. The program director reviews the billing to confirm the billing matches the organization's records and once confirmed, the organization pays the bill.



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open To Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Washtenaw County

Employer identification number

38-2533030

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, etc.



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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation.

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

Copy

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

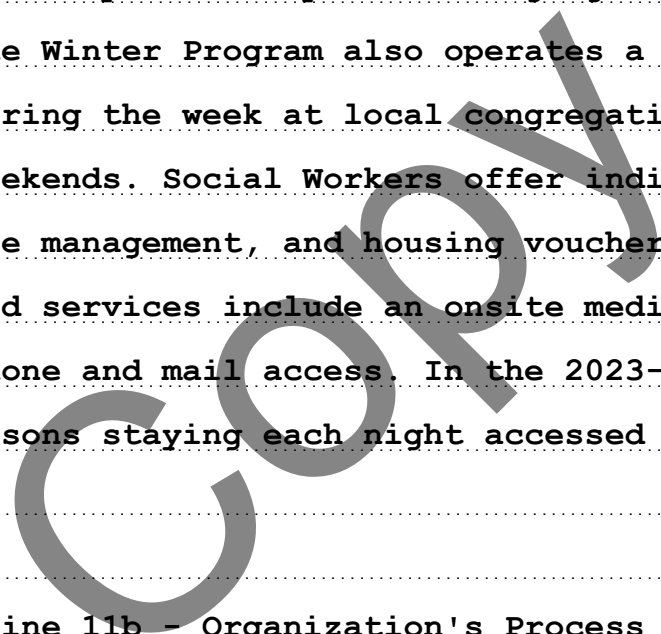
2023

**Open to Public
Inspection**

Name of the organization Shelter Association of Washtenaw County	Employer identification number 38-2533030
--	---

Form 990, Part III, Line 4d - All Other Accomplishments

Shelter Association Winter Programs - Operates during the winter months from mid-November to Early April and includes 85 additional Warming Center beds and 25 Rotating Shelter beds. The Warming Center operations on the 1st and 2nd floor of the Delonis Center and the Rotating Shelter offers 25 beds hosted in partnership with 20 partner congregations throughout Washtenaw County. The Winter Program also operates a day shelter that is provided off-site during the week at local congregations and onsite at the Delonis Center on weekends. Social Workers offer individualized housing plans, intensive case management, and housing voucher sign up assistance. Additional basic need services include an onsite medical clinic, laundry, storage, showers, phone and mail access. In the 2023-2024 winter season, an average of 70 persons staying each night accessed the night time shelter.



Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Draft copies of the 990 are given to the finance committee and the board members. In addition, the executive director and finance director reviews the draft 990 in detail.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The policy is reviewed annually. All members sign off on the policy. If conflicts arise, it is noted in the minutes of the official meetings.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

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

Schedule O (Form 990) 2023

Name of the organization Shelter Association of	Employer identification number 38-2533030
---	---

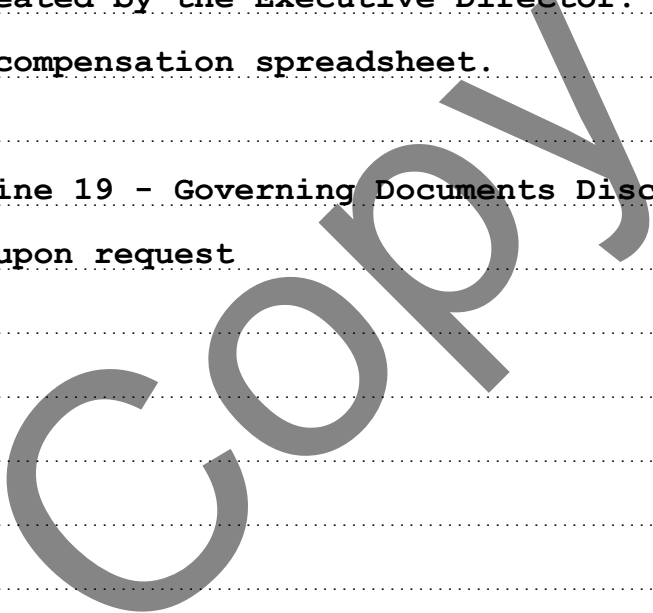
The performance of the executive director is reviewed quarterly and annually. The Board of Directors completes an evaluation form. The human resources committee chairperson uses comparable data to make a recommendation on compensation. The Board of Directors makes the decision on compensation level.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board of Directors oversees the implementation of the annual compensation plan created by the Executive Director. The Finance Director maintains an annual compensation spreadsheet.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents available upon request



Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

**Shelter Association of
Washtenaw County**

Identifying number
38-2533030

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,287

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,287
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

DAA

There are no amounts for Page 2

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
11	2019 Ford Truck	9/29/20	25,269		X	0	5 HY 200DB	25,269	0
			<u>25,269</u>			<u>0</u>		<u>25,269</u>	<u>0</u>
Other Depreciation:									
1	Washers & Dryers	3/01/11	26,551			26,551	5 MO S/L	26,551	0
2	Copier	2/01/09	1,695			1,695	5 MO S/L	1,695	0
3	Roller Shades - 16 Unites	10/15/15	6,000			6,000	5 MO S/L	6,000	0
4	HVAC Improvements	5/01/11	60,483			60,483	10 MO S/L	60,483	0
5	Security Cameras	11/11/14	29,700			29,700	5 MO S/L	29,700	0
6	Rework Reception Desk	10/06/17	27,940			27,940	10 MO S/L	16,066	2,794
7	Donor Perfect	10/01/10	1,245			1,245	5 MO S/L	1,245	0
8	MIP Accounting	10/01/10	10,593			10,593	5 MO S/L	10,593	0
9	Software	1/01/10	6,910			6,910	5 MO S/L	6,910	0
10	Mattresses with pillows	6/20/19	10,448			10,448	7 MO S/L	5,970	1,493
	Total Other Depreciation		<u>181,565</u>			<u>181,565</u>		<u>165,213</u>	<u>4,287</u>
	Total ACRS and Other Depreciation		<u>181,565</u>			<u>181,565</u>		<u>165,213</u>	<u>4,287</u>
	Grand Totals		206,834			181,565		190,482	4,287
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>206,834</u>			<u>181,565</u>		<u>190,482</u>	<u>4,287</u>

Copy

MI Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
Prior MACRS:								
11	2019 Ford Truck	9/29/20	25,269	25,269	17,992	2,911	0	-2,911
			<u>25,269</u>	<u>25,269</u>	<u>17,992</u>	<u>2,911</u>	<u>0</u>	<u>-2,911</u>
Other Depreciation:								
1	Washers & Dryers	3/01/11	26,551	26,551	26,551	0	0	0
2	Copier	2/01/09	1,695	1,695	1,695	0	0	0
3	Roller Shades - 16 Unites	10/15/15	6,000	6,000	6,000	0	0	0
4	HVAC Improvements	5/01/11	60,483	60,483	60,483	0	0	0
5	Security Cameras	11/11/14	29,700	29,700	29,700	0	0	0
6	Rework Reception Desk	10/06/17	27,940	27,940	16,066	2,794	2,794	0
7	Donor Perfect	10/01/10	1,245	1,245	1,245	0	0	0
8	MIP Accounting	10/01/10	10,593	10,593	10,593	0	0	0
9	Software	1/01/10	6,910	6,910	6,910	0	0	0
10	Mattresses with pillows	6/20/19	10,448	10,448	5,970	1,493	1,493	0
	Total Other Depreciation		<u>181,565</u>	<u>181,565</u>	<u>165,213</u>	<u>4,287</u>	<u>4,287</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>181,565</u>	<u>181,565</u>	<u>165,213</u>	<u>4,287</u>	<u>4,287</u>	<u>0</u>
	Grand Totals		206,834	206,834	183,205	7,198	4,287	-2,911
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>206,834</u>	<u>206,834</u>	<u>183,205</u>	<u>7,198</u>	<u>4,287</u>	<u>-2,911</u>

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Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
11	2019 Ford Truck	9/29/20	25,269	100	0	0	25,269	0
Grand Total			<u>25,269</u>		<u>0</u>	<u>0</u>	<u>25,269</u>	<u>0</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
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AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Copy

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior MACRS:</u>					
11	2019 Ford Truck	9/29/20	25,269	0	0
			<u>25,269</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>					
1	Washers & Dryers	3/01/11	26,551	0	0
2	Copier	2/01/09	1,695	0	0
3	Roller Shades - 16 Unites	10/15/15	6,000	0	0
4	HVAC Improvements	5/01/11	60,483	0	0
5	Security Cameras	11/11/14	29,700	0	0
6	Rework Reception Desk	10/06/17	27,940	2,794	0
7	Donor Perfect	10/01/10	1,245	0	0
8	MIP Accounting	10/01/10	10,593	0	0
9	Software	1/01/10	6,910	0	0
10	Mattresses with pillows	6/20/19	10,448	1,492	0
	Total Other Depreciation		<u>181,565</u>	<u>4,286</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>181,565</u>	<u>4,286</u>	<u>0</u>
	Grand Totals		<u>206,834</u>	<u>4,286</u>	<u>0</u>

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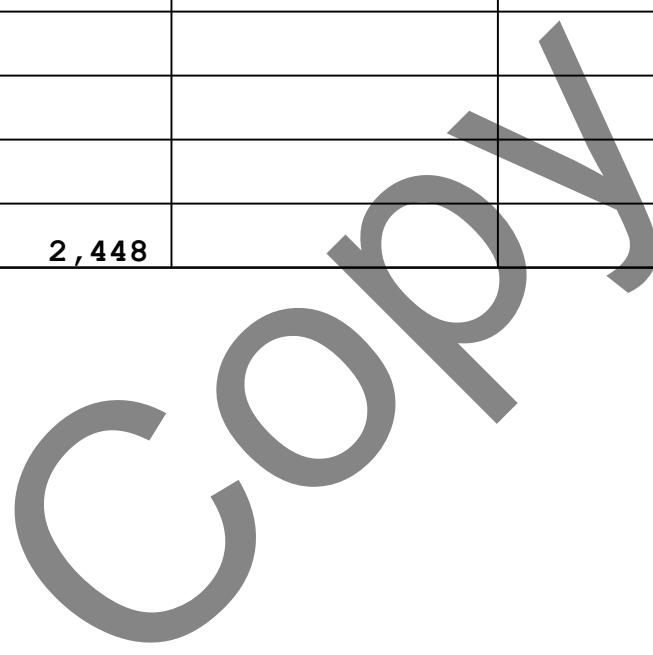
<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MI</u>
<u>Prior MACRS:</u>				
11	2019 Ford Truck	9/29/20	25,269	2,911
			<u>25,269</u>	<u>2,911</u>
<u>Other Depreciation:</u>				
1	Washers & Dryers	3/01/11	26,551	0
2	Copier	2/01/09	1,695	0
3	Roller Shades - 16 Unites	10/15/15	6,000	0
4	HVAC Improvements	5/01/11	60,483	0
5	Security Cameras	11/11/14	29,700	0
6	Rework Reception Desk	10/06/17	27,940	2,794
7	Donor Perfect	10/01/10	1,245	0
8	MIP Accounting	10/01/10	10,593	0
9	Software	1/01/10	6,910	0
10	Mattresses with pillows	6/20/19	10,448	1,492
	Total Other Depreciation		<u>181,565</u>	<u>4,286</u>
	Total ACRS and Other Depreciation		<u>181,565</u>	<u>4,286</u>
	Grand Totals		<u>206,834</u>	<u>7,197</u>

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SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2023
	For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24	

Name Shelter Association of Washtenaw County	Employer Identification Number 38-2533030
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		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		Hunger & Homele <small>(event type)</small>	_____	_____	
Revenue	1 Gross receipts	9,580			9,580
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	9,580			9,580
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	2,448			2,448



Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24		

Name **Shelter Association of Washtenaw County** Taxpayer Identification Number **38-2533030**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	2,066,662	2,637,292	570,630
	2. Membership dues and assessments			
	3. Government contributions and grants	1,870,824	1,973,550	102,726
	4. Program service revenue			
	5. Investment income	146,782	166,627	19,845
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-7,104	66,385	73,489
	8. Net income or (loss) from fundraising events	8,366	-12,030	-20,396
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	14,961	14,288	-673
	12. Total revenue. Add lines 1 through 11	4,100,491	4,846,112	745,621
Expenses	13. Grants and similar amounts paid	230,252	359,212	128,960
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	347,196	377,810	30,614
	16. Salaries, other compensation, and employee benefits	2,213,512	2,486,279	272,767
	17. Professional fundraising fees			
	18. Other professional fees	264,157	281,631	17,474
	19. Occupancy, rent, utilities, and maintenance	96,326	116,161	19,835
	20. Depreciation and Depletion	9,340	9,340	
	21. Other expenses	401,475	472,583	71,108
	22. Total expenses. Add lines 13 through 21	3,562,258	4,103,016	540,758
	23. Excess or (Deficit). Subtract line 22 from line 12	538,233	743,096	204,863
Other Information	24. Total exempt revenue	4,100,491	4,846,112	745,621
	25. Total unrelated revenue			
	26. Total excludable revenue	163,005	235,270	72,265
	27. Total assets	6,495,888	7,306,367	810,479
	28. Total liabilities	411,885	274,649	-137,236
	29. Retained earnings	6,084,003	7,031,718	947,715
	30. Number of voting members of governing body	19	19	
31. Number of independent voting members of governing body	19	19		
32. Number of employees	104	124		
33. Number of volunteers	139	500		

Form 990	Tax Return History	2023
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Name Shelter Association of Washtenaw County	Employer Identification Number 38-2533030
---	---

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				3,937,486	4,610,842	
Membership dues						
Program service revenue						
Capital gain or loss				-7,104	66,385	
Investment income				146,782	166,627	
Fundraising revenue (income/loss)				8,366	-12,030	
Gaming revenue (income/loss)						
Other revenue				14,961	14,288	
Total revenue				4,100,491	4,846,112	
Grants and similar amounts paid				230,252	359,212	
Benefits paid to or for members						
Compensation of officers, etc.				347,196	377,810	
Other compensation				2,213,512	2,486,279	
Professional fees				264,157	281,631	
Occupancy costs				96,326	116,161	
Depreciation and depletion				9,340	9,340	
Other expenses				401,475	472,583	
Total expenses				3,562,258	4,103,016	
Excess or (Deficit)				538,233	743,096	
Total exempt revenue				4,100,491	4,846,112	
Total unrelated revenue						
Total excludable revenue				163,005	235,270	
Total Assets				6,495,888	7,306,367	
Total Liabilities				411,885	274,649	
Net Fund Balances				6,084,003	7,031,718	

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividends	\$ 166,627				1	
Total	<u>\$ 166,627</u>					

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Contract Services	\$ 241,771	\$ 206,702	\$ 32,507	\$ 2,562
Total	<u>\$ 241,771</u>	<u>\$ 206,702</u>	<u>\$ 32,507</u>	<u>\$ 2,562</u>

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Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Grants	\$ 1,973,550
Cash contributions	2,332,313
Donated Securities	32,268
In-kind donations	65,914
Almost Home Golf Outing	
Cash Contribution	202,812
FMV donated goods for auction	3,985
Total	\$ <u>4,610,842</u>

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
City of Ann Arbor	\$ 82,000	\$
Nat'l Institute for Med Respite Care	146,400	
US Department of Housing and Miller, Canfield, Paddock, Stone	95,247	
Ann Arbor Area Community Foundation	1,875,000	1,467,707
Brian and Mary Campbell	281,744	
NSF International	283,000	
University of Michigan	140,000	
	424,888	17,595
Total	<u>\$ 3,328,279</u>	<u>\$ 1,485,302</u>

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Federal Statements

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
Dividends	\$ 166,627
Almost Home Golf Outing	-43,471
Art Fair & 40th Anniversary	24,309
Hunger & Homelessness Aware	7,132
Less: Deductions	-1,000
Total	<u>\$ 153,597</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Misc.	\$ 14,288
Total	<u>\$ 14,288</u>

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Federal Statements

Almost Home Golf Outing

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Direct Expenses	\$ <u>43,436</u>
Total	\$ <u><u>43,436</u></u>

Copy

Federal Statements

Art Fair & 40th Anniversary

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Direct expenses	\$ <u>9,631</u>
Total	\$ <u><u>9,631</u></u>

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Federal Statements

Hunger & Homelessness Aware

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Direct Expenses	\$ <u>2,448</u>
Total	\$ <u><u>2,448</u></u>

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Michigan Return Summary

For calendar year 2023, or tax year beginning **07/01/23** , and ending **06/30/24**

**Shelter Association of
Washtenaw County**

38-2533030

Forms being filed:

Initial solicitation registration

Renewal solicitation registration

X

Request for exemption

Charitable trust registration

Charitable trust inventory

Submitting financial accounting only

Dissolution questionnaire

Attorney General file number (if applicable) 8516

Copy

NOTE: DO NOT STAPLE – USE PAPERCLIP OR LEAVE LOOSE

CTS - 02
AUTHORITY 1975 PA 169
PENALTY: civil, criminal

State of Michigan
Department of Attorney General

RENEWAL SOLICITATION FORM

This renewal reports on the financial beginning 07/01/23 and ending 06/30/24

Full legal name of organization (as on file with your State's Corporations Agency) Shelter Association of Washtenaw County		
All other names (must be on file as an assumed name with your State's Corporations Agency)		
Attorney General File Number 8516	Telephone number 734-662-2829	Fax number
Employer Identification No. (EIN) 38-2533030	Organization email address shelterassociation@washtenaw.org	Organization website www.annarborshelter.org

All questions must be answered. Provide additional sheets if necessary.

1. Organization addresses – **Any address changes? If no, move to question 2.** Yes No

A. Street address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records.

Daniel Kelly
312 W. Huron St **Ann Arbor** **MI 48103**

B. Organization mailing address, if different.

P.O. Box 7370 **Ann Arbor** **MI 48107**

C. Provide the address of all other offices in Michigan (include separate sheet if more than one).

2. Has there been any change in the organization's purposes? **If no, move to question 3.** Yes No

If yes, summarize current purposes in an attachment, 50 words or less.

3. You **must** designate a resident agent **physically located in Michigan** authorized to receive official mail sent to your organization. Registration **will not** be approved without this information. Cannot be the name of the organization itself.

Name or Registered Agent Company: **Daniel Kelly**

Address (Michigan street address, not PO box):
312 W. Huron St.
Ann Arbor **MI 48103**

4. Methods of solicitation. Check all that apply.

Mail Telephone Website None Other (specify) **Events, emails**

5. Has there been a change in the organization's tax status since your last filing? **If no, move to question 6.** If yes, explain on a separate attachment. Yes No

6. Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported above or the current period? **If no, move to question 7; if yes, complete Attachment A.** Yes No

Shelter Association of

38-2533030

7. Since your last registration, has the organization or any of its officers, directors, employees or fundraisers:

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. Had its solicitation registration or license denied or revoked by any jurisdiction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Been the subject of a proceeding regarding any license, registration, or solicitation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any "yes" box is checked, provide a complete explanation in an attachment.

8. All organizations **MUST** report on their most recently completed financial accounting period. If your contributions are over \$300,000 you may need audited or reviewed financial statements; if unsure, or if required and an audit or review has not yet been completed, see **Attachment B**. Check the box to indicate the type of return filed with the IRS and include a copy – registration will not be approved without a copy of your IRS return. **If not yet completed, request an extension rather than attempting an incomplete registration.**

- Form 990 or 990-EZ** - Provide a copy of the return. Do not include Schedule B.
- Form 990-PF** - Provide a copy of the Form 990-PF. Enter the amount the organization spent directly on its charitable program here: \$ _____
- Files Form 990-N**. Total Revenue \$ _____ (if more than \$50,000 – see IRS guidance)

Note: If you file a 990-N, you must provide directors on a separate attachment. Michigan organizations require at least 3 directors.

- Included in IRS group return.** Provide a copy of the group return and the chart in **Attachment C**.
- Other reason.** Explain and provide the chart in **Attachment C**:

9. Do you have chapters in Michigan that are to be included in the solicitation registration? Yes No
If no, go to question 10. If yes, complete Attachment C. Note: If you have offices in Michigan with no separate reporting or filing requirements with the IRS, answer "no."

10. I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Print name: Daniel Kelly Title: Daniel Kelly Date: _____

Check here if you would like to request an automatic 5-month extension for this renewal (this will not be reflected in your registration document but can be verified online on our website at mi.gov/charity). If you routinely ask the IRS for a filing extension, please check this box. Do not use this form to request an extension of your previously issued registration. Instead, email your request to ct_email@michigan.gov.

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

**Shelter Association of
CHECKLIST:**

38-2533030

- Have all parts of the form been fully completed unless instructed otherwise?
- Have you provided the name and Michigan street address of a resident agent in item 3?
- Is a list of the officers and directors provided or included with the IRS return?
- Have you provided a complete IRS 990, 990-EZ, OR 990-PF?
- If you file Form 990-PF, did you include program expenses?
- If you file Form 990-N, did you include at 3 officers/directors?
- If you have Professional Fundraisers, did you include Attachment A?
- Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- If audited or reviewed financial statements are required, are they provided? If not, have you requested a conditional registration or one-time waiver? (See Attachment B.)
- If you have Michigan Chapters, did you include Attachment C?
- Have you typed or printed your name, date, and title in Item 10 to certify the form?
- If you are requesting a 5-month extension, have you checked the box below item 10?

Return the completed registration form by:	
Email (preferred method)	ct_email@michigan.gov
Example for email responses:	To: ct_email@michigan.gov From: Yourcharityname@something.com Subject: (AG No.) 12345 yourcharityname 2022 renewal
Mail	Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909
Overnight mail	Attorney General-CT Section 525 West Ottawa Williams Building - 1st Floor Lansing, MI 48933
Fax	(517) 241-7074

NOTE: DO NOT RETURN THIS ATTACHMENT UNLESS YOU ANSWERED "YES" TO QUESTION 7 AND HAVE PROFESSIONAL FUNDRAISERS.

Definitions: A professional fundraiser (PFR) is anyone who "plans, conducts, manages, or carries on a drive or campaign of soliciting contributions for or on behalf of a charitable organization". You do not have to report consulting contracts. Employees of a charitable organization are PFRs if they are paid wholly or in part by commissions – including bonuses – based on funds raised.

Consultants - To qualify as a consultant, all the following conditions must be met:

- the PFR is usually retained by a charitable or religious organization for a fixed fee or rate that is not computed based on funds raised or to be raised.
- the PFR does not solicit funds, assets, or property, but only plans, advises, consults, or prepares materials for a solicitation or fundraising event in Michigan.
- the PFR does not receive, or control funds, assets, or property solicited in Michigan; and the PFR does not employ, procure, or engage any compensated person to solicit, receive, or control funds, assets, or property.

PFR Contract - You are required to provide copies of contracts with PFRs within 10 days of signing a new contract or extending an existing contract. If you are unsure if the services provided by a person or firm you contracted with are such that a PFR license is required, provide a copy of the contract with your renewal form and request to have the contract reviewed. You will be notified if you must complete this attachment, and if the contractor should be licensed as a PFR. **NOTE:** Michigan law requires that you verify that any PFR with which you contract for fundraising in Michigan is currently licensed with this office.

Campaign Financial Statements, Form CTS-10, are required for all campaigns conducted by a PFR with which you have contracted. The Campaign Financial Statement will be filed by the PFR, but you will be required to provide additional campaign expense information and sign the form.

PFR Chart - Sum of all payments to/retained by PFR during the year reported. Include all fees, reimbursements, or other payments to the PFR that were related to the campaign conducted by the PFR for the organization. Any monies that were retained by the professional fundraiser before remitting the proceeds of a campaign or activity to the charity must also be included here. If the PFR listed was engaged after the close of the fiscal year reported in Item 10, enter "N/A" in this column.

Name	Mailing Address	Sum of payments to/retained by PFR during year reported	Contract in effect?		If no, date ended
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	End Date:
			<input type="checkbox"/>	<input type="checkbox"/>	End Date:
			<input type="checkbox"/>	<input type="checkbox"/>	End Date:

NOTE: DO NOT RETURN THIS ATTACHMENT UNLESS YOU ARE REQUESTING AN AUDIT WAIVER OR CONDITIONAL REGISTRATION.**Audited or reviewed financial statements requirement**

Complete the following schedule to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

Item	Where to Find it:	Amount
A. Contributions from IRS return	Form 990: Part VIII, line 1h Form 990-PF: line 1	
B. Net income: special fundraising events	Form 990: Part VIII, line 8c	
C. Net income: gaming activities	Form 990: Part VIII, line 9c	
D. Total contributions and fundraising	Add lines A, B, and C	
E. Governmental grants	Form 990: Part VIII, line 1e	
F. TOTAL:	Subtract line E from D	

After completing the schedule:

- If line F is \$550,000 or more, audited financial statements are required. They must be audited by an independent certified public accountant and prepared in accordance with generally accepted accounting principles (GAAP).
- If line F is greater than \$300,000, but not greater than \$550,000, financial statements either reviewed or audited by a certified public accountant are required.

If you met the threshold, but did not have an audit/review completed check one of the following:

- Our organization would like to request a **one-time** audit waiver for the financial period reported in the first page of this renewal.
- Our organization would like to request a conditional registration on the condition that the audit/review will be submitted upon completion (attach a copy of the audit engagement letter you can obtain this from the CPA firm).

Shelter Association of

38-2533030
ATTACHMENT C

NOTE: DO NOT RETURN THIS ATTACHMENT UNLESS YOU RESPONDED YES TO QUESTION 9 (RE: MICHIGAN BASED CHAPTERS) OR OTHERWISE NEED TO PROVIDE A FINANCIAL REPORT.

CHAPTER INFORMATION

Provide chapter information if you are a parent organization that directly supervises and controls a local, county, or area division or chapter that is also a separate legal entity. Unless previously submitted, you **MUST** provide:

- appropriate documentation to show that you directly supervise and control the chapter; and
- names and address of each chapter to be included in your registration.

For each chapter you must provide the information below (this chart can be used for organizations that are included in a group return and organizations that do not file an IRS return. Include additional sheets if you have more than one chapter.

Name of chapter (or organization): _____

Revenue	
A	Contributions (include all donations, cash or noncash):
B	All other revenue:
C	Total revenue (Add A and B):
Expenses	
D	Program Services (do not include administrative or fundraising expenses):
E	All other expenses (supporting services):
F	Total expenses (Add D and E):
G	Revenue less expenses (Subtract F from C):
Assets	
H	Total assets (on the last day of your financial period):
I	Liabilities:
J	Net Assets (subtract I from H):

Shelter Association of

38-2533030
ATTACHMENT D

NOTE: DO NOT RETURN THIS ATTACHMENT UNLESS YOU HAVE ADDITIONAL INFORMATION TO DISCLOSE.

Additional information related to question number 0

Additional information related to question number 0

Additional information related to question number 0

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