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Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008Open to Public
InspectionA For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

B Check if applicable:

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

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

C Name of organization

SHELTER OF FLINT, INC.

Doing Business As

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

902 E. SIXTH ST.

Room/suite

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

FLINT**MI 48503**

F Name and address of principal officer

D Employer identification number

38-2620824

E Telephone number

810-238-4711G Gross receipts \$ **1,773,418**

H(a) Is this a group return for

affiliates?

☐ Yes☒ No

H(b) Are all affiliates

included?

☐ Yes☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status ☒ 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527J Website: ▶ **shelterofflint.com**

H(c) Group exemption number ▶

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE TEMPORARY SHELTER AND FOOD TO WOMEN, CHILDREN AND MEN WITH DEPENDENT CHILDREN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of employees (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
	7b	Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8	Contributions and grants (Part VIII, line 1h)	
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 99,263	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	
	18	Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	
	19	Revenue less expenses Subtract line 18 from line 12	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	
22		Net assets or fund balances Subtract line 21 from line 20	

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. Preparation of this return is based on all information of which preparer has any knowledge.

Sign Here: **JAMES McGUIRK JR** Date: **3/11/2010**

Signature of officer: **JAMES McGUIRK JR** Title: **Board Treasurer**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **WILLIAM S. MORGAN** Date: **3/10/10** Check if self-employed: ☐ Preparer's identifying number (see instructions): **P00433120**

Firm's name (or yours if self-employed), address, and ZIP + 4: **TAYLOR & MORGAN, CPA, PC**
2302 STONEBRIDGE DRIVE, BUILDING D
FLINT, MI 48532-5491

EIN: **38-2401965** Phone: **810-230-8200**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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9-16 20

Form 990 (2008) **SHELTER OF FLINT, INC.****38-2620824**Page **2****Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:**TO PROVIDE TEMPORARY SHELTER AND FOOD TO WOMEN, CHILDREN AND MEN WITH DEPENDENT CHILDREN****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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **403,613** including grants of \$ **81,511**) (Revenue \$)
EMERGENCY SHELTER FOR WOMEN, CHILDREN AND MEN WITH DEPENDENT CHILDREN

4b (Code:) (Expenses \$ **275,551** including grants of \$ **15,116**) (Revenue \$)
TRANSITIONAL HOUSING
SHARED LIVING SPACE FOR WOMEN WITHOUT CHILDREN WHO EVENTUALLY TRANSITION TO INDEPENDENT LIVING

4c (Code:) (Expenses \$ **261,335** including grants of \$ **28,776**) (Revenue \$)
OUTREACH PROGRAM
CRITICAL FOLLOW-UP AND SUPPORT TO HELP ENSURE PERMANENT STABILITY UPON LEAVING THE SHELTER

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ \$ **940,499** (Must equal Part IX, Line 25, column (B))Form **990** (2008)

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

- 28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee:
- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
 - b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
 - c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	12
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	30
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
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	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

- | | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | X |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7a | | X |
| 7b | | X |
| 8a | X | |
| 8b | X | |
| 9a | | X |
| 9b | | |
| 10 | X | |
| 11 | | X |
- 1a Enter the number of voting members of the governing body **11**
- 1b Enter the number of voting members that are independent **11**
- 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 or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a material diversion of the organization's assets?
- 6 Does the organization have members or stockholders?
- 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 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?
- 9a Does the organization have local chapters, branches, or affiliates?
- b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.
- 11 Is there any officer, director or 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 in Schedule O.

Section B. Policies

- | | Yes | No |
|-----|-----|----|
| 12a | X | |
| 12b | | X |
| 12c | X | |
| 13 | X | |
| 14 | X | |
| 15a | X | |
| 15b | | X |
| 16a | | X |
| 16b | | |
- 12a Does the organization have a written conflict of interest policy? If "No," go to line 13
- b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
- 13 Does the organization have a written whistleblower policy?
- 14 Does 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:
- a The organization's CEO, Executive Director, or top management official?
- b Other officers or key employees of the organization?
- Describe the process in Schedule O (see instructions)
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JODY CHURCH** **902 E. SIXTH ST.**

FLINT**MI 48503****810-238-4711**

Form 990 (2008) **SHELTER OF FLINT, INC.****38-2620824**Page **7****Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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 and/or Box 7 of Form 1099-MISC) 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
Bill Reising President	2	X		X				0	0	0
Bob Landaal Vice Presd	2	X		X				0	0	0
Jim McGuirk Treasurer	2	X		X				0	0	0
Linda Pylypiw Secretary	2	X		X				0	0	0
Mindy Ball Trustee	1	X						0	0	0
Amie Garner Trustee	1	X						0	0	0
Eric Gasper Trustee	1	X						0	0	0
Adam Haffajee Trustee	1	X						0	0	0
Rosanne Heddy Trustee	1	X						0	0	0
Steve Heddy Trustee	1	X						0	0	0
Pam Martin Trustee	1	X						0	0	0
								0	0	0

Form 990 (2008) **SHELTER OF FLINT, INC.****38-2620824**Page **9****Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	886,111			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	401,666			
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f			1,287,777			
Program Service Revenue	2a ROSEWOOD DEVELOPER FEES	Busn. Code	421,505			421,505
	b PROGRAM FEES		23,714			23,714
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		445,219			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,762			6,762
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	40,077			
	b Less direct expenses	b	13,189			
	c Net income or (loss) from fundraising events		26,888			26,888
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS REVENUE		1,810			1,810	
b LOSS ON INVESTMENTS		-8,227			-8,227	
c						
d All other revenue						
e Total. Add lines 11a-11d		-6,417				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,760,229	0	0	472,452

Form **990** (2008)

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	125,403	125,403		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,935	42,315	15,387	19,233
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	578,649	416,971	102,803	58,875
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,975	5,208	1,108	659
9 Other employee benefits	79,244	59,168	12,593	7,483
10 Payroll taxes	67,852	50,662	10,783	6,407
11 Fees for services (non-employees):				
a Management				
b Legal	1,178	321	785	72
c Accounting	25,486	6,906	17,025	1,555
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	20,092	5,391	13,496	1,205
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,565	4,337	838	390
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	303	270	33	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,039	18,705	54,334	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MAINTENANCE & LAWN CARE	63,948	60,777	3,171	
b UTILITIES	48,296	44,201	4,095	
c INSURANCE	38,282	38,282		
d Miscellaneous	33,383	31,625	1,745	13
e OFFICE EXPENSE	16,384	7,863	5,825	2,696
f All other expenses	31,422	22,094	8,653	675
25 Total functional expenses. Add lines 1 through 24f	1,292,436	940,499	252,674	99,263
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	507,020	1	811,780
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	219,421	3	266,760
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,775	9	24,438
	10a Land, buildings, and equipment: cost basis	10a 2,116,963		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 918,953	10c	1,198,010
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	39,177	12	31,855
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	4
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,879,763	16	2,332,847	
Liabilities	17 Accounts payable and accrued expenses	60,782	17	54,722
	18 Grants payable		18	
	19 Deferred revenue	8,000	19	14,321
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	14,968	25	
	26 Total liabilities. Add lines 17 through 25	83,750	26	69,043
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,312,781	27	1,799,277
	28 Temporarily restricted net assets	453,232	28	434,527
	29 Permanently restricted net assets	30,000	29	30,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,796,013	33	2,263,804
	34 Total liabilities and net assets/fund balances	1,879,763	34	2,332,847

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,064,202	943,850	983,573	300,000		3,291,625
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	1,064,202	943,850	983,573	300,000		3,291,625
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						766,784
6 Public support. Subtract line 5 from line 4						2,524,841

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,064,202	943,850	983,573	300,000		3,291,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,211	10,592	21,596			36,399
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1,478	911			2,389
11 Total support. Add lines 7 through 10						3,330,413
12 Gross receipts from related activities, etc. (see instructions)					12	1,082,835
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	75.8116 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	85.2341 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** 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—2007.** 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

Part II, Line 10 - Other Income Detail

Miscellaneous Revenue \$ 2,389

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

Employer identification number

SHELTER OF FLINT, INC.**38-2620824****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if
the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

b Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
☐ **e** Other _____

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☐ _____ %
c Term endowment ☐ _____ %

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

- (i)** unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		23,999		23,999
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				23,999

Part VII	Investments—Other Securities. See Form 990, Part X, line 12.
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX: Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,760,229
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,292,436
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	467,793
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1
9	Total adjustments (net) Add lines 4-8	9	1
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	467,794

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

1	Total revenue, gains, and other support per audited financial statements	1	1,760,229
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,760,229
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,760,229

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,292,435
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,292,435
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1
c	Add lines 4a and 4b	4c	1
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,292,436

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XI, Line 8 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 1

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference \$ 1

Part XIV Supplemental Information (continued)

This image shows a full page of primary-ruled paper. It features approximately 20 horizontal rows, each defined by two parallel dashed lines. The lines are evenly spaced and extend across the entire width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

Schedule G (Form 990 or 990-EZ) 2008

SHELTER OF FLINT, INC.**38-2620824**Page **2****Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF OUTING	CRIM EVENT	None	(Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	34,757	5,320		40,077
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	34,757	5,320		40,077
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	10,830	2,359		13,189
	8 Direct expense summary. Add lines 4 through 7 in column (d)				13,189
	9 Net income summary. Combine lines 3 and 8 in column (d)				26,888

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities:**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," Explain:**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," Explain:**11** Does the organization operate gaming activities with nonmembers?**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address.

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Yes No

15a

17a

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Open to Public Inspection.

Name of the organization

Employer identification number

SHELTER OF FLINT, INC.

38-2620824

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantless' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

SHELTER OF FLINT, INC.

Employer identification number

38-2620824**Form 990, Part III, Line 4d - All Other Achievements****CHILDREN'S ART PROGRAM****DEPRECIATION ON PROGRAMS**

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
Organization provides a copy of the draft 990 to the finance committee and it is reviewed before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Employees disclose any conflicts at time of hire. Board members do so at time of nomination, signing a conflict of interest policy form.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
CEO pay is determined through a review and evaluation process conducted by the organization's Board of Directors. To assist in the process, comparability data was used from the 2008 Michigan Nonprofit Compensation and Benefit Survey.

38-2620824

Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Residential Real Property:									
191	Home - 2601 Burns	6/28/09	50,523			50,523	27 MMS/L	0	77
194	BLDG - 1706 DELAWARE	6/28/09	50,620			50,620	27 MMS/L	0	77
196	BLDG - 1700 DELAWARE	6/28/09	50,489			50,489	27 MMS/L	0	77
			<u>151,632</u>			<u>151,632</u>		<u>0</u>	<u>231</u>
Prior MACRS:									
126	Building-1923 Delaware	5/30/02	28,558			28,558	27 MMS/L	6,361	1,038
160	Finance Office Computer	9/30/05	1,600			1,600	5 HY 200DB	1,139	185
161	Projector	9/30/05	2,000			2,000	7 HY 200DB	1,125	250
162	Exec Asst. Computer	9/30/05	1,500			1,500	5 HY 200DB	1,068	173
163	Exec. Assist. Furniture	9/30/05	2,500			2,500	7 HY 200DB	1,407	312
164	File Cabinets	9/30/05	1,000			1,000	7 HY 200DB	563	125
165	COMPUTER	11/30/05	665			665	5 HY 200DB	473	77
166	TELEPHONE SYSTEM	11/30/05	5,255			5,255	7 HY 200DB	2,957	656
172	Water Purifier	11/28/06	0			0	7 HY 200DB	0	0
188	DELAWARE BLDG IMPROVE	6/01/08	100,281			100,281	39 MMS/L	107	2,571
			<u>143,359</u>			<u>143,359</u>		<u>15,200</u>	<u>5,387</u>
Other Depreciation:									
4	Fire Safe-Sentry	2/29/92	190			190	7 MO S/L	190	0
5	Light Fixtures-Markee	6/30/92	960			960	5 MO S/L	960	0
6	Alarm System-Sonitrol	6/30/92	3,083			3,083	5 MO S/L	3,083	0
9	4 Drawer File Cabinet	7/23/92	156			156	7 MO S/L	156	0
10	4 Drawer File Cabinet	7/23/92	156			156	7 MO S/L	156	0
11	4 Drawer File Cabinet	7/23/92	156			156	7 MO S/L	156	0
12	4 Drawer File Cabinet	7/23/92	156			156	7 MO S/L	156	0
13	4 Drawer File Cabinet	7/23/92	156			156	7 MO S/L	156	0
16	Freezer-Sears	8/13/92	470			470	5 MO S/L	470	0
17	Sand Bookcases (3)	9/29/92	439			439	7 MO S/L	439	0
22	MPI- Round Table	11/30/92	498			498	7 MO S/L	498	0
23	Office Products-4Drawer File	12/31/92	159			159	7 MO S/L	159	0
27	Marv's Electric	2/28/93	240			240	7 MO S/L	240	0
28	Marv's Electric	2/28/93	2,860			2,860	7 MO S/L	2,860	0
29	Bill Carr Signs-Sign	3/31/93	500			500	7 MO S/L	500	0
30	Bill Carr Signs-Sign	4/30/93	500			500	7 MO S/L	500	0
32	Office Prod-HON File Cabinet	5/31/93	159			159	7 MO S/L	159	0
33	Office Prod-HON File Cabinet	5/31/93	159			159	7 MO S/L	159	0
34	Office Prod-Hon File Cabinet	5/31/93	159			159	7 MO S/L	159	0
38	Complete Office-Legal File Cab.	10/31/93	2,716			2,716	7 MO S/L	2,716	0
40	Automatic Door-Door	11/30/93	140			140	7 MO S/L	140	0
41	ESG Furniture-36 Stack Chairs	12/28/93	711			711	7 MO S/L	711	0
42	ESG Furniture-Stove	12/28/93	2,599			2,599	5 MO S/L	2,599	0
43	ESG Furniture-Hobart Cooler	12/28/93	2,168			2,168	5 MO S/L	2,168	0
46	Automatic Door-Storm Door	5/03/94	407			407	7 MO S/L	407	0
47	National Bus. Furniture-Bookcase	6/30/94	440			440	7 MO S/L	440	0
48	National Business Furn.-Chair/Table	6/30/94	158			158	7 MO S/L	158	0
53	Timberlodge Play Set	6/30/95	2,040			2,040	10 MO S/L	2,040	0
55	Dishwasher-(Transfer from HH)	9/18/95	3,115			3,115	5 MO S/L	3,115	0
58	Freezer Compressor	3/01/97	725			725	5 MO S/L	725	0
60	Sonitrol CCTV Camera	6/19/97	1,000			1,000	5 MO S/L	1,000	0
61	Pat's Desk	11/25/97	623			623	7 MO S/L	623	0
64	Furniture-Admin Offices	7/01/97	9,332			9,332	5 MO S/L	9,332	0
67	File Cabinets	6/30/99	807			807	7 MO S/L	807	0
68	Donor Perfect	6/30/99	5,910			5,910	7 MO S/L	5,910	0
69	Breathalyzer	6/30/99	1,162			1,162	7 MO S/L	1,162	0
70	MS Exchange	6/30/99	880			880	7 MO S/L	880	0
71	Admin. Assist. desk	6/30/99	1,081			1,081	7 MO S/L	1,081	0
72	CEO Office Furniture	6/30/99	717			717	7 MO S/L	717	0
73	2 New Phones	6/30/99	827			827	7 MO S/L	827	0
74	Generator	1/04/00	6,900			6,900	12 MO S/L	4,888	575
75	Computer Equipment	1/25/00	2,059			2,059	5 MO S/L	2,059	0
76	2 Computers	6/30/00	1,756			1,756	5 MO S/L	1,756	0
77	Commercial Refrigerator	4/02/01	647			647	7 MO S/L	647	0
78	COO Office Furniture	4/16/01	1,852			1,852	7 MO S/L	1,852	0
79	TH Computer	5/18/01	919			919	5 MO S/L	919	0

38-2620824

Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
80	Hardware-James Lumber	8/31/91	284				284	10 MO S/L	284	0
81	Hardware-James Lumber	9/30/91	74				74	10 MO S/L	74	0
82	Rehab-Castle Bros	10/31/91	47,010				47,010	10 MO S/L	47,010	0
83	Koerts Glass	1/31/93	8,017				8,017	10 MO S/L	8,017	0
84	AT&T	2/28/93	331				331	10 MO S/L	331	0
85	W.E. Walter-Boiler	5/31/93	2,768				2,768	5 MO S/L	2,768	0
86	W.E. Walter-boiler	5/31/93	101				101	5 MO S/L	101	0
87	W.E. Walter-boiler	5/31/93	101				101	5 MO S/L	101	0
88	W.E. Walter-boiler	5/31/93	111				111	5 MO S/L	111	0
89	Koerts Glass-Windows	11/30/92	19,640				19,640	7 MO S/L	19,640	0
90	W.E. Walter-boiler	11/30/92	11,513				11,513	5 MO S/L	11,513	0
91	Kitchen Sink-Countertop	9/18/95	1,996				1,996	5 MO S/L	1,996	0
92	Outside wood fence	9/30/95	2,975				2,975	5 MO S/L	2,975	0
93	Carpet/Vinyl/Tile	10/31/95	24,784				24,784	5 MO S/L	24,784	0
94	All-Star Painting	10/31/95	7,600				7,600	10 MO S/L	7,600	0
95	Concrete Patio	5/01/96	990				990	10 MO S/L	990	0
96	Storm Doors	6/30/96	2,796				2,796	7 MO S/L	2,796	0
97	Flushing Floor/Tile	1/29/97	700				700	5 MO S/L	700	0
98	Gazall/Air Conditioning	6/30/97	9,600				9,600	20 MO S/L	5,280	480
99	Enivor/Air Conditioning	6/30/97	2,500				2,500	20 MO S/L	1,375	125
100	Specialty Services/Air Conditioning	6/30/97	12,013				12,013	20 MO S/L	6,607	601
101	Case Construction/Air Conditioning	6/30/97	125,319				125,319	20 MO S/L	68,925	6,266
102	Tri-County Roofing	6/30/97	3,350				3,350	10 MO S/L	3,350	0
103	NBC Improvements	9/30/98	7,836				7,836	3 MO S/L	7,836	0
104	Bathroom Project	5/31/99	68,338				68,338	20 MO S/L	32,461	3,416
105	Driveway & Sidewalks	11/03/99	14,676				14,676	20 MO S/L	6,237	734
106	Carpeting Shelter	11/01/99	9,968				9,968	7 MO S/L	9,968	0
107	Blinds at Shelter	10/28/99	1,856				1,856	7 MO S/L	1,856	0
108	Boiler 802 Asylum	1/01/01	6,708				6,708	10 MO S/L	5,031	671
109	Carpeting-2005 Delaware	11/10/00	976				976	5 MO S/L	976	0
110	Furnace-2005 Delaware	3/02/01	1,750				1,750	10 MO S/L	1,313	175
111	Cement Steps at 1917 Delaware	3/01/01	750				750	20 MO S/L	281	38
112	1917-Steps	5/01/01	950				950	10 MO S/L	713	95
116	Allocated cost to Land	5/31/94	1,600				1,600	0 -- Land	0	0
117	Diocese of Lansing-1917 Delaware	1/01/94	729,495				729,495	39 MO S/L	276,262	18,705
118	Will Hall-new wall	5/17/94	2,196				2,196	10 MO S/L	2,196	0
119	Clark's-Hood & Vent work	5/31/94	9,606				9,606	10 MO S/L	9,606	0
120	Will Hall-Bld Walls/Paint	6/30/94	4,150				4,150	10 MO S/L	4,150	0
121	Building-2005 Delaware	6/30/94	14,400				14,400	15 MO S/L	13,440	960
122	Building-8002 Asylum	12/08/94	25,450				25,450	15 MO S/L	23,046	1,697
123	Better Builders-802 Asylum	12/27/95	42,158				42,158	10 MO S/L	42,158	0
124	Land-1923 Delaware	5/30/02	400				400	0 -- Land	0	0
125	Land 2115 Delaware	6/13/02	400				400	0 -- Land	0	0
127	Building-2115 Delaware	6/13/02	0				0	0 HY	0	0
128	2005 Roof	9/25/01	0				0	0 HY	0	0
129	1917-Overhang	12/01/01	0				0	0 HY	0	0
130	1917-Roof	12/01/01	0				0	0 HY	0	0
131	1917-Improvement	3/25/02	0				0	0 HY	0	0
132	Printer-Front Office	7/13/01	0				0	0 HY	0	0
133	Fund Development Office Furniture	7/13/01	0				0	0 HY	0	0
134	Program Administrator Office Furniture	3/01/02	0				0	0 HY	0	0
135	Donor Perfect Upgrade-Software	6/01/02	0				0	0 HY	0	0
136	1909 Delaware-Parking Lot	12/01/02	0				0	0 HY	0	0
137	1909 Delaware Land	12/01/02	0				0	0 HY	0	0
138	Garage at Shelter (Delaware)	12/01/02	0				0	0 HY	0	0
139	Driveway (1917 Delaware)	12/01/02	0				0	0 HY	0	0
140	Fence (1917 Delaware)	12/01/02	0				0	0 HY	0	0
141	Building - 1912 Maryland	1/31/04	0				0	0 HY	0	0
142	Building - 2002 Maryland	1/31/04	0				0	0 HY	0	0
143	Building - 1920 Maryland	4/20/04	0				0	0 HY	0	0
144	Land - 1912 Maryland	1/31/04	0				0	0 HY	0	0
145	Land - 2002 Maryland	1/31/04	0				0	0 HY	0	0
146	Land - 1920 Maryland	4/20/04	0				0	0 HY	0	0
147	New Siding	9/30/03	0				0	0 HY	0	0
148	Improvements-1923 Delaware	1/31/04	0				0	0 HY	0	0
149	Improvements-1912 Maryland	1/31/04	0				0	0 HY	0	0
150	Improvements-2002 Maryland	1/31/04	0				0	0 HY	0	0
151	Improvements-1912 Maryland	2/01/04	0				0	0 HY	0	0
152	Improvements-2002 Maryland	2/01/04	0				0	0 HY	0	0
153	New Server	2/01/04	0				0	0 HY	0	0
154	Improvements-2115 Delaware	5/01/04	0				0	0 HY	0	0

38-2620824

Federal Asset Report

FYE: 6/30/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Pnor	Current
155	Improvements to Shelter on Delaware	6/30/05	0			0	0 HY	0	0
156	Water Heater - 1917 Delaware	4/21/06	0			0	0 HY	0	0
157	Commercial Washer & Dryer	2/28/06	0			0	0 HY	0	0
159	Trailer	6/01/06	0			0	0 HY	0	0
167	Land- new building	10/17/06	0			0	0 HY	0	0
168	Building	10/17/06	0			0	0 HY	0	0
169	New Roof- Asylum	7/19/06	0			0	0 HY	0	0
170	Roof- 1920 Maryland	10/25/06	0			0	0 HY	0	0
171	Office Renovations	11/29/06	0			0	0 HY	0	0
173	Motter Desk	11/29/06	0			0	0 HY	0	0
174	Office chair	11/29/06	0			0	0 HY	0	0
175	Office chair	11/29/06	0			0	0 HY	0	0
176	Lobby Ottoman and Table	11/29/06	0			0	0 HY	0	0
177	Lobby Settee	11/29/06	0			0	0 HY	0	0
178	Lobby chair	11/30/06	0			0	0 HY	0	0
179	P. Motter File Cabinet	11/30/06	0			0	0 HY	0	0
180	Blinds	12/04/06	0			0	0 HY	0	0
181	Conference Table	12/05/06	0			0	0 HY	0	0
182	Lobby furniture	1/11/07	0			0	0 HY	0	0
183	Chair	1/16/07	0			0	0 HY	0	0
184	Maryland furnace	11/29/06	0			0	0 HY	0	0
185	Office Renovations	11/29/06	0			0	0 HY	0	0
186	Office Improvements	11/29/06	0			0	0 HY	0	0
187	Washers/dryers	10/01/07	2,346			2,346	10 MO S/L	176	235
189	Cube Van	10/28/08	2,400			2,400	5 MO S/L	0	320
190	Bunk Beds	1/09/09	2,648			2,648	7 MO S/L	0	189
192	LAND - 2601 BURNS	6/28/09	5,000			5,000	0 -- Land	0	0
193	LAND - 1706 DELAWARE	6/28/09	5,000			5,000	0 -- Land	0	0
195	LAND -1700 DELAWARE	6/28/09	5,000			5,000	0 -- Land	0	0
Total Other Depreciation			1,313,477			1,313,477		715,869	35,282
Total ACRS and Other Depreciation			1,313,477			1,313,477		715,869	35,282
Listed Property:									
158	2004 Chevy Express Van	4/26/06	0			0	0 HY	0	0
			0			0		0	0
Grand Totals			1,608,468			1,608,468		731,069	40,900
Less: Dispositions			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			1,608,468			1,608,468		731,069	40,900

Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

SHELTER OF FLINT, INC.

Identifying number

38-2620824

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 the instructions for a higher limit for certain businesses	1	250,000
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	800,000
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 2007 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not 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	35,282

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	5,387
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 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	6/28/09	50,523	27.5 yrs	MM	S/L	77
	Various	101,109	27.5 yrs	MM	S/L	154
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 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 instr.	22	40,900
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** (2008)

DAA

There are no amounts for Page 2

SHELTER OF FLINT, INC.**38-2620824**

Form 4562 (2008)

Page **2****Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25			
26 Property used more than 50% in a qualified business use:										
2004 Chevy Express Van										
4/26/06 100.00 %										
27 Property used 50% or less in a qualified business use:										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44