

# UPPER PENINSULA ANIMAL WELFARE SHELTER

## BOARD OF DIRECTORS MEETING

**Monday, November 22, 2021 / 6 p.m. / Shelter / Upper Peninsula Animal Welfare Shelter**

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### **Mission:**

Our mission is to improve the quality of life and welfare for domestic animals and to provide a safe haven while finding lifelong homes for the animals in our care. We embrace the No Kill\* philosophy, seeking to end the euthanasia of healthy and treatable animals.

### **Vision:**

A community where there are no homeless, neglected or abused animals, and where everyone understands and practices the level of commitment and responsibility that pet guardianship entails.

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### **Agenda**

1. Call to Order/Attendance
2. Approval of Agenda
3. Mission Moment
4. Public Comment
5. Approval of Minutes
  - a. October 25, 2021 Regular Meeting
6. Unfinished Business
7. New Business
  - a. Recommendation from the Finance Committee, re: 990
  - b. Report and Recommendation from the Personnel Committee, re: Vision/Dental Insurance
8. Communications
9. President's Report
10. Treasurer's Report
11. Shelter Operations Report(s)
  - a. Report from the Executive Director
  - b. Volunteer/Community Outreach Report
  - c. Stats
12. Committee Reports
  - a. Board Development Committee Report (Colleen) – written
  - b. Finance Committee Report (Chris) – written
  - c. Fundraising Committee Report (Leslie) – written
  - d. Paws Park Committee (Amber) – did not meet
  - e. Strategic Planning Committee Report (Brian) – verbal

- f. Personnel Committee Report (Reva) – written
- g. Policy / Bylaw Committee Report (Alex) –
- h. Donor Development (Ad Hoc) (Leslie) – written

13. Public Comment

14. Board Comment

15. Adjournment

Next Board Meeting Date: December 27, 6 p.m., at the Shelter

**UPPER PENINSULA ANIMAL WELFARE SHELTER  
BOARD OF DIRECTORS MEETING MINUTES  
Monday, October 25, 2021**

**PRESENT:** Lynn Andronis (Secretary), Chris Danik (Treasurer), Brian Hummel, Leslie Hurst, Reva Laituri (President), Alex Petrin, Colleen Whitehead (Vice President)

**ABSENT:** Amber Talo (excused)

**STAFF:** Bill Brutto, E.D.

**GUESTS:** Susan Deloria

1. Call to Order/Attendance: Meeting was called to order at 6:05 p.m.
2. Approval of Agenda: *Leslie made a motion, seconded by Colleen, to approve the Agenda with the following correction -- Under #7.c. correct the year from "1022" to "2022". Motion passed with unanimous consent.*
3. Mission Moment: Colleen reported that the cat, Greta, whom she was fostering due to health and behavioral issues, was adopted today.
4. Public Comment: None
5. Approval of Minutes:
  - a. September 27, 2021 Regular Meeting: *Brian made a motion, seconded by Chris, to approve the minutes with the following corrections -*
    - i. *Under #3. Mission Moment: Change the first sentence to read "Bill recounted a recent event where staff were called by police to assist with a seizure (4 dogs and 2 cats)."*
    - ii. *Under #11. a. Report from Executive Director" – In the sentence third from the end, the pound in question is the Ishpeming Township Pound. Motion passed with unanimous consent.*
6. Unfinished Business:
  - a. Signage: Bill reported that he is still waiting on a second quote for the highway sign. He said that the sign on the highway may need to be electrified and that the sign companies are aware of legal/zoning stipulations for posting close to the highway. Although Corey is still waiting to hear from Fox regarding the wrap for the van, the one quote she did receive was \$360 for wraps on both side doors and on the back of the van.
7. New Business:
  - a. Report and Recommendation from the Personnel Committee re: Amendment to the Personnel Policies, Article III, Section 2, Holidays: *- Leslie made a motion, seconded by Colleen approve the Amendment to replace the last sentence in Article III, Section 2. Holidays with*
    - i. *"A non-exempt full-time employee who is scheduled to work on a designated holiday will be paid two times their regular hourly rate of pay. A non-exempt part-time or occasional employee who is scheduled to work*

*Motion passed with unanimous consent.*

- b. Report and Recommendation from the Personnel Committee re: Annual Staff Bonuses – *Leslie made a motion, seconded by Chris, to approve the recommendation for a total of \$8,775.00 be allocated for employee holiday bonuses for 2021. Motion passed with unanimous consent.*
  - c. Recommendation from the Executive Director re: Snowplowing Agreement for 2021-2022 – In answer to Colleen's question regarding clearing of snow in Paws Park, Bill replied that Brenton (our Maintenance/Custodial employee) will be responsible. He also explained that the \$1000 per month option from Griffin Construction does not include any detail work with our snowblower which our Maintenance employee will also take care of. Discussion followed on the benefits of both the Monthly or Per Time pricing. Thereafter, *Chris made a motion, seconded by Alex, to approve the recommendation to sign the Snow Plowing Contract with Griffin Construction at the Flat Rate Monthly charge of \$1,000/month. Motion passed with unanimous consent.*
8. Communications: Leslie reported that she is receiving some RSVPs for the Meet and Greet with Bill.
9. President's Report: Written report submitted.
10. Treasurer's Report:
  - a. September Financial Reports: Colleen asked what the revenue under "Miscellaneous Services" was. Chris explained that it was a large boarding fee for us taking care of a litter of puppies. *Colleen made a motion, seconded by Lynn, to approve the financial reports as presented. Motion passed with unanimous consent.*
11. Shelter Operations Report(s):
  - a. Report from the Executive Director- Written report submitted. Bill pointed out that a Full Time Caregiver (Becca Brown) will be filling the Full Time Supervisor position. Colleen asked what the Shelter Assessment from Michigan Pet Alliance involves. Bill replied that it encompasses all facets of operations (e.g., paperwork, workflow, hours, grounds, staff training, etc.). Bill also reported that we will be participating in Giving Tuesday this year; Bill and Ann are setting it up with help from Chris. We are also scheduling spay/neuter appointments into January 2022.
  - b. Volunteer/Community Outreach Report – Written report submitted.
  - c. Stats: Written report submitted for the month of September.
12. Committee Reports:
  - a. Board Development Committee Report – Written report submitted. Colleen added that currently we have 3 vacancies with no pending applications at this point. She also reminded the Board of their responsibility to identify and recruit potential Board members.
  - b. Finance Committee Report – Written report submitted.
  - c. Fundraising Committee Report – Written report submitted.
  - d. Paws Park Committee – Did not meet.
  - e. Strategic Planning Committee Report – No report.



- f. Personnel Committee Report – Written report submitted.
- g. Policy / Bylaw Committee Report – Did not meet.
- h. Donor Development (Ad Hoc) – Written report submitted.

13. Public Comment: None.

14. Board Comment: None.

15. Adjournment: *Lynn made a motion, seconded by Chris, to adjourn. Motion passed with unanimous consent.* Meeting adjourned at 7:11 p.m.

Respectfully submitted,

Countersigned

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Lynn Andronis, Secretary

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Reva Laituri, President

Next Board Meeting Date: November 22nd, 6 p.m., at the Shelter

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UPPER PENINSULA ANIMAL WELFARE SHELTER INC</b>		<b>D</b> Employer identification number <b>38-2228501</b>
	Doing business as		<b>E</b> Telephone number <b>906-475-6661</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 968</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>MARQUETTE, MI 49855</b>		
	<b>F</b> Name and address of principal officer: <b>BILL BRUTTO</b> <b>SAME AS C ABOVE</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.UPAWS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENSURE THE SAFETY AND PROTECTION OF ALL ANIMALS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>22</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>25</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>563,507.</b>	<b>431,710.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>143,170.</b>	<b>90,804.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>40,006.</b>	<b>52,505.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>65,589.</b>	<b>74,638.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>812,272.</b>	<b>649,657.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>284,049.</b>	<b>220,344.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>16,046.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>472,020.</b>	<b>462,236.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>756,069.</b>	<b>682,580.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>56,203.</b>	<b>-32,923.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,284,514.</b>	<b>5,310,158.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,137,175.</b>	<b>1,124,719.</b>
		<b>4,147,339.</b>	<b>4,185,439.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>CHRIS DANIK, TREASURER</b>		Date 	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBIN RAUVALA CPA</b>	Preparer's signature <b>ROBIN RAUVALA CPA</b>	Date <b>11/11/21</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00070626</b>
	Firm's name ▶ <b>MAKELA TOUTANT HILL NARDI &amp; KATONA PC</b>			Firm's EIN ▶ <b>38-2806590</b>
	Firm's address ▶ <b>201 W BLUFF STREET MARQUETTE, MI 49855</b>			Phone no. (906) 228-3600

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

UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC

Form 990 (2020)

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**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:  
TO IMPROVE THE QUALITY OF LIFE AND WELFARE FOR DOMESTIC ANIMALS AND TO  
PROVIDE A SAFE HAVEN WHILE FINDING LIFELONG HOMES FOR THE ANIMALS IN  
OUR CARE. TO EMBRACE THE NO KILL PHILOSOPHY SEEKING TO END THE  
EUTHANASIA OF HEALTHY AND TREATABLE ANIMALS.

**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 \$ 564,721. including grants of \$ ) (Revenue \$ 94,070. )  
OPERATED AN ANIMAL SHELTER WITH A NO KILL PHILOSOPHY AND PROVIDED  
EDUCATION ON PROPER ANIMAL CARE. OF THE ANIMALS AT THE SHELTER DURING  
THE YEAR, 866 WERE ADOPTED, 200 WERE RETURNED TO THEIR OWNERS, 35 WERE  
TRANSFERRED OUT AND 28 DIED OR WERE EUTHANIZED. THE ONLY ANIMALS  
EUTHANIZED HAD A SEVERE ILLNESS/INJURY OR AGGRESSIVE AND DANGEROUS  
BEHAVIOR. NOT ONE SINGLE ANIMAL WAS EUTHANIZED FOR SPACE OR HAD A  
TREATABLE MEDICAL CONDITION.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **564,721.**

**UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC**

Form 990 (2020)

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>		<b>X</b>
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> 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>	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>		<b>X</b>
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> 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>	<b>X</b>	
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>		<b>X</b>

**UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC**

Form 990 (2020)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b>	<b>X</b>
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<b>26</b>	<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	<b>28a</b>	<b>X</b>
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>	<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	<b>X</b>
<b>33</b> 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	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	<b>X</b>
<b>37</b> 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	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>38</b>	<b>X</b>

**Note:** All Form 990 filers are required to complete Schedule O

**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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>5</b>
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

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**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

			Yes	No
<b>2a</b> 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 .....	<b>2a</b>	22		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>		X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....				
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>			
<b>4a</b> 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)? .....	<b>4a</b>			X
<b>b</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).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>			X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>			
<b>6a</b> 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? .....	<b>6a</b>			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> 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? .....	<b>7a</b>		X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? .....	<b>7c</b>			X
<b>d</b> If "Yes," indicate the number of Forms 8822 filed during the year .....	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>			
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
<b>b</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 .....	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>			
<b>15</b> 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? .....	<b>15</b>			X
If "Yes," see instructions and file Form 4720, Schedule N.				
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>			X
If "Yes," complete Form 4720, Schedule O.				

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**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**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	9		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>			<b>X</b>
<b>9</b> 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	<b>9</b>			<b>X</b>

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

		Yes	No	
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>		
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>		
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<b>X</b>		
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>		
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>		
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> 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>16a</b>		<b>X</b>	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>			

**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.  
☐ Own website    ☐ Another's website    ☒ 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 **►**  
**ORGANIZATION - 906-475-6661**  
**815 SOUTH STATE HWY M-553, GWINN, MI 49841**

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

- 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 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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)	(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			
<b>1b Subtotal</b>								<b>3,231.</b>	<b>0.</b>	<b>0.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>3,231.</b>	<b>0.</b>	<b>0.</b>

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶	0	
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**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.			
	(A) Name and business address	NONE	(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 ►			0

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	8,320.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	423,390.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 18,522.				
	<b>h Total.</b> Add lines 1a-1f .....			431,710.			
	<b>Program Service Revenue</b>	<b>2 a</b> <b>SHELTER REVENUE</b> .....	<b>Business Code</b>	900099	74,552.	74,552.	
<b>b</b> <b>CONTRACTED SERVICES</b> .....			900099	16,252.	16,252.		
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				90,804.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			51,643.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses .....	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other	10,913.	200.		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		10,251.	0.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>		662.	200.		
	<b>d</b> Net gain or (loss) .....			862.			862.
	<b>8 a</b> Gross income from fundraising events (not including \$ 8,320. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		86,008.			
	<b>b</b> Less: direct expenses .....	<b>8b</b>		21,888.			
	<b>c</b> Net income or (loss) from fundraising events .....			64,120.			64,120.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		5,210.			
<b>b</b> Less: direct expenses .....	<b>9b</b>		2,179.				
<b>c</b> Net income or (loss) from gaming activities .....			3,031.			3,031.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		16,304.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>		13,038.				
<b>c</b> Net income or (loss) from sales of inventory .....			3,266.	3,266.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> <b>MISCELLANEOUS</b> .....	<b>Business Code</b>	900099	4,221.			4,221.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			4,221.			
<b>12 Total revenue.</b> See instructions .....			649,657.	94,070.	0.	123,877.	

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**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,231.	3,231.		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	200,626.	200,626.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	772.	772.		
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	15,715.	15,715.		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	27,843.		27,843.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	2,369.		2,369.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	4,822.	4,822.		
<b>13</b> Office expenses	21,589.	19,088.	1,580.	921.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	50,866.	49,298.	1,568.	
<b>17</b> Travel	1,057.	1,057.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	44.	44.		
<b>20</b> Interest	32,202.		32,202.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	140,347.	105,260.	35,087.	
<b>23</b> Insurance	16,778.	15,770.	504.	504.
<b>24</b> 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.)				
<b>a VETERINARY AND SUPPLIES</b>	112,870.	112,870.		
<b>b ANIMAL FOOD AND EQUIP</b>	22,363.	22,363.		
<b>c OTHER FUNDRAISING</b>	14,621.			14,621.
<b>d</b>				
<b>e</b> All other expenses	14,465.	13,805.	660.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	682,580.	564,721.	101,813.	16,046.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	543,981.	<b>2</b>	655,996.
	<b>3</b> Pledges and grants receivable, net .....	62,177.	<b>3</b>	41,547.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	502.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,104.	<b>8</b>	67.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	3,776,531.		
	<b>b</b> Less: accumulated depreciation .....	239,710.		
		3,675,568.	<b>10c</b>	3,536,821.
	<b>11</b> Investments - publicly traded securities .....	247,533.	<b>11</b>	275,898.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	754,151.	<b>15</b>	799,327.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,284,514.	<b>16</b>	5,310,158.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	52,767.	<b>17</b>	40,062.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,084,408.	<b>23</b>	1,030,357.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	0.	<b>25</b>	54,300.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,137,175.	<b>26</b>	1,124,719.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,031,571.	<b>27</b>	3,062,113.
	<b>28</b> Net assets with donor restrictions .....	1,115,768.	<b>28</b>	1,123,326.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	4,147,339.	<b>32</b>	4,185,439.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	5,284,514.	<b>33</b>	5,310,158.

Form **990** (2020)

**UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC**

Form 990 (2020)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	649,657.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	682,580.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-32,923.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,147,339.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	71,023.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	4,185,439.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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		<b>X</b>
<b>b</b>	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	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>b</b>	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		

Form **990** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC**

Employer identification number  
**38-2228501**

**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 or 990-EZ).)
- 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 ☒ 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 in 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

## UPPER PENINSULA ANIMAL WELFARE SHELTER

Schedule A (Form 990 or 990-EZ) 2020 INC

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**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1387599.	924,661.	576,481.	563,507.	431,710.	3883958.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1387599.	924,661.	576,481.	563,507.	431,710.	3883958.
<b>5</b> 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) .....						1264617.
<b>6 Public support.</b> Subtract line 5 from line 4.						2619341.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	1387599.	924,661.	576,481.	563,507.	431,710.	3883958.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	6,723.	23,741.	51,398.	46,418.	51,643.	179,923.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	819.	890.	2,244.	3,329.	4,221.	11,503.
<b>11 Total support.</b> Add lines 7 through 10 .....						4075384.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,159,535.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	64.27 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	62.54 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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"/>

Schedule A (Form 990 or 990-EZ) 2020

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 in 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>		
<b>c</b> Did a disqualified person (as defined in 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>		
<b>10a</b> 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>b</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>		

## UPPER PENINSULA ANIMAL WELFARE SHELTER

Schedule A (Form 990 or 990-EZ) 2020 INC

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**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

## UPPER PENINSULA ANIMAL WELFARE SHELTER

Schedule A (Form 990 or 990-EZ) 2020 INC

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**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

## UPPER PENINSULA ANIMAL WELFARE SHELTER

Schedule A (Form 990 or 990-EZ) 2020 **INC**

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

## UPPER PENINSULA ANIMAL WELFARE SHELTER

Schedule A (Form 990 or 990-EZ) 2020 INC

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**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS**

2016 AMOUNT: \$ 819.

2017 AMOUNT: \$ 890.

2018 AMOUNT: \$ 2,244.

2019 AMOUNT: \$ 3,329.

2020 AMOUNT: \$ 4,221.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC

**Employer identification number**  
38-2228501

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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 XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

## UPPER PENINSULA ANIMAL WELFARE SHELTER

INC

Schedule D (Form 990) 2020

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**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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	247,533.	212,052.	228,183.	208,220.	202,577.
b Contributions					
c Net investment earnings, gains, and losses	30,734.	40,481.	-11,131.	24,963.	10,643.
d Grants or scholarships					
e Other expenditures for facilities and programs		5,000.	5,000.	5,000.	5,000.
f Administrative expenses	2,369.				
g End of year balance	275,898.	247,533.	212,052.	228,183.	208,220.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 33.0000 %

b Permanent endowment ☐ 67.0000 %

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:

(i) Unrelated organizations

(ii) Related organizations

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

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		20,587.		20,587.
b Buildings		3,632,715.	201,932.	3,430,783.
c Leasehold improvements				
d Equipment		123,229.	37,778.	85,451.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,536,821.

Schedule D (Form 990) 2020

**UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC**

Schedule D (Form 990) 2020

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**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY</b>	
(2) <b>FOUNDATION</b>	120,566.
(3) <b>BENEFICIAL INTEREST IN TRUST</b>	678,761.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	799,327.

**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) <b>PAYCHECK PROTECTION PROGRAM LOAN</b>	54,300.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	54,300.

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... ☒

Schedule D (Form 990) 2020



UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC

Schedule D (Form 990) 2020

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	827,288.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	71,023.
b Donated services and use of facilities	2b	84,910.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	24,067.
e Add lines 2a through 2d	2e	180,000.
3 Subtract line 2e from line 1	3	647,288.
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	2,369.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	2,369.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	649,657.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	789,188.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	84,910.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	24,067.
e Add lines 2a through 2d	2e	108,977.
3 Subtract line 2e from line 1	3	680,211.
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	2,369.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	2,369.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	682,580.

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE HISTORICAL DOLLAR AMOUNT OF DONOR-RESTRICTED ENDOWMENT FUNDS ARE PRESERVED. THE DONORS HAVE NOT PLACED RESTRICTIONS ON THE USE OF THE INVESTMENT INCOME OR NET APPRECIATION IN THE FUNDS. THE BOARD OF DIRECTORS, UPON RECOMMENDATION FROM THE FINANCE COMMITTEE, DETERMINES A PERCENTAGE OF EARNINGS TO BE DISTRIBUTED EACH YEAR.

**PART X, LINE 2:**

THE SHELTER, A PUBLICLY SUPPORTED ORGANIZATION, IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, HAS RECORDED NO LIABILITY FOR FEDERAL INCOME TAXES.

ADDITIONALLY, THE SHELTER IS EXEMPT FROM FEDERAL UNEMPLOYMENT TAXES UNDER

**Part XIII** Supplemental Information (continued)

THE SAME SECTION OF THE INTERNAL REVENUE CODE. THE SHELTER FILES FORM 990 WITH THE INTERNAL REVENUE SERVICE. THE SHELTER BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE SHELTER'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS DIRECT EXPENSES	21,888.
GAMING ACTIVITIES DIRECT EXPENSES	2,179.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	24,067.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS DIRECT EXPENSES	21,888.
GAMING ACTIVITIES DIRECT EXPENSES	2,179.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	24,067.

Department of the Treasury  
Internal Revenue Service

**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.**

2020

**Open to Public Inspection**

**▶ Attach to Form 990 or Form 990-EZ.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number
38-2228501

**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.

- 2 a** 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.

[illegible]

- 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.

## UPPER PENINSULA ANIMAL WELFARE SHELTER

Schedule G (Form 990 or 990-EZ) 2020 INC

38-2228501 Page 2

**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 (add col. (a) through col. (c))
		CALENDAR CONTEST (event type)	KENNEL LOCK-UP (event type)	3 (total number)	
Revenue	1 Gross receipts .....	30,508.	25,847.	31,321.	87,676.
	2 Less: Contributions .....			8,320.	8,320.
	3 Gross income (line 1 minus line 2) .....	30,508.	25,847.	23,001.	79,356.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....			4,770.	4,770.
	7 Food and beverages .....			2,565.	2,565.
	8 Entertainment .....			1,500.	1,500.
	9 Other direct expenses .....	4,005.	403.	2,168.	6,576.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				15,411.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				63,945.

**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))
Revenue	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: \_\_\_\_\_

**UPPER PENINSULA ANIMAL WELFARE SHELTER**

Schedule G (Form 990 or 990-EZ) 2020 **INC**

**38-2228501** Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter 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? ☐ Yes ☐ No
- 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 of the third party:

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? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC

Schedule G (Form 990 or 990-EZ)

38-2228501 Page 4

**Part IV** Supplemental Information *(continued)*

Supplemental Information

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC

Employer identification number  
38-2228501

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER REVIEWS THE FORM 990 AND PROVIDES AN ELECTRONIC COPY TO ALL  
BOARD MEMBERS BEFORE FILING. THE RETURN IS THEN SIGNED BY THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

THE WRITTEN CONFLICT OF INTEREST POLICY IS IN THE BOARD MANUAL THAT EACH  
MEMBER RECEIVES. AT THE ANNUAL ORGANIZATIONAL BOARD MEETING, ALL MEMBERS  
ARE REMINDED ABOUT THE POLICY, AND ANY REQUIRED DISCUSSION TAKES PLACE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

IRS e-file Signature Authorization  
for an Exempt OrganizationDepartment of the Treasury  
Internal Revenue Service

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

2020

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization or person subject to tax

UPPER PENINSULA ANIMAL WELFARE SHELTER  
INC

Taxpayer identification number

38-2228501

Name and title of officer or person subject to tax

CHRIS DANIK  
TREASURER**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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	649,657.
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 VI, 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	

**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 organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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 MAKELA TOUTANT HILL NARDI & KATONA PC to enter my PIN 16140  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 ▶

**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.

38531344479

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ 11/11/21

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



**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>UPPER PENINSULA ANIMAL WELFARE SHELTER INC</b>	Taxpayer identification number (TIN) <b>38-2228501</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 968</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MARQUETTE, MI 49855</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ORGANIZATION**

- The books are in the care of ► **815 SOUTH STATE HWY M-553 - GWINN, MI 49841**  
Telephone No. ► **906-475-6661** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year **2020** or  
 ► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**REPORT AND RECOMMENDATION FROM  
THE PERSONNEL COMMITTEE  
November 22, 2021**

**Report**

In September the Board discontinued the QSEHRA benefit for full time employees and the ED was tasked with looking for alternatives. As part of his research, Bill surveyed the employees asking them to rank types of benefits and benefit packages. Overwhelmingly they ranked a combination of vision and dental insurance along with wage increases as their preferred option. Bill then put together four possible options each including full family vision and dental insurance, with the only variable being proposed wage increases.

Insurance Component. Based on eligible staff employed at the time Bill requested the quotes, total annual premiums for Blue Cross/Blue Shield individual, family coverage for eight employees totaled just under \$4,400. This amount would fluctuate depending number of employees enrolled and dependents covered. The committee concurred with the insurance component of the proposal.

Wage Component. Bill noted that in researching prevailing wages for comparable positions in general, he found that while some UPAWS wages fall within the averages, a couple of others fall below. The committee requested Bill narrow his search and prepare a wage survey that is specific to non-municipal animal shelters to be presented to the committee at their December meeting, along with a wage proposal based on those findings. It is the intent of the committee to present a recommendation to the board regarding any wage increases or adjustments at the December board meeting.

**Recommendation**

In order to ensure the insurance component will be in place by January 1st, the Personnel Committee is recommending the following:

The ED be authorized to enroll UPAWS in an employer paid Blue Cross/Blue Shield vision/dental plan (single, 2-person or family coverage) for all full time employees to be effective January 1, 2022.

Respectfully submitted,

*Reva Laituri*

Chairperson

**UPAWS Treasurer's Report  
November 2021**

Activities Since Last Report:

- Entered the draft budget into Quickbooks and made several revisions.
- The 990 has been filed by MTHNK. The public copy will be available on our website after it is accepted by the board.
- PPP loan 2nd draw forgiveness application has been submitted.
- Reaching out to GEMs who still give through Intuit Merchant Services with declined credit cards to either move them to Neon or stop their donation.
- Discussed the timeline of our 2021 audit with MTHNK. The 2021 audit covers the third year in our contract with MTHNK and we will need a new contract and proposal for the 2022 audit. MTHNK will reach out to us in January to schedule time in March or April to work on the 2021 Audit. The first 990 deadline is May 15th but can be extended to November 15th. Regarding the 2022 audit, MTHNK recommends we have a contract in place by early Fall 2021.

The October 2021 Financials are not available at this time since we did not receive one of the necessary bank statements in time to have the financial reports ready in time for the Finance Committee to review.

Respectfully Submitted,  
Chris Danik  
Treasurer

Executive Director Report

**I. Animal Care**

- a) **Success Story** – Pesto, a domestic medium hair cat, was brought to us as a stray, as she was captured in a live trap. When Pesto came to UPAWS in May of this year she was not in good health. She was very feral and needed a lot of attention and care. After months of trying to find the proper home for Pesto, on her second birthday this November she got the best gift of all which was a new home.
- b) **Animal Management Plans** – Currently we have 3 reactive dogs that are on animal management plans. Each dog is improving and meeting their goals. At one point all three were in discussion for behavioral euthanasia, but because the staff continues to work and implement the dogs individual plan, we are seeing improvement, and euthanasia is not an option. Two of the dogs currently are not available for adoption, but since we are seeing improvement, they will be made available as early as the first week of December.
- c) **MI Internet Company Promotion** – The MI Internet Company provide funds for animals to be provide at a minimal cost for adopters. The promotion was the week of 11/15 through 11/21. Because of this promotion 20 cats and 1 dogs were adopted.
- d) **Ispehming Pound** – I am still waiting on word from Ispehming Township on their decision of the future of their pound and if they would like to start a partnership with UPAWS.

**II. Property**

- a) **Transit Decals** – Will be installed on 11/24. This was the most cost-efficient option and still accomplishes the goal of recognition of who we are as we transport through the county. The full wrap would have cost over \$3,000. This option cost \$160.



- b) **Front Highway Sign** –

**Quote One** – Signs Unlimited – 5 x 10 double sided internally lit by high efficient LED lighting with polycarbonate pan faces. Sign is to be mounted on a heavy walled single steel pole in a concrete footing. Electrical and permits provided by customer. Bid - \$10,900

**Quote Two** – Signs Now - The owner was supposed to come to the shelter for a quote, we have contacted them multiple times and have not heard back. The owner is the one who does the quotes and after calling back found out he was not informed we were waiting on a quote, he said he will be out to do the quote as soon as possible.

- c) **Dimmer Switch for Community Room** – Quote from Code Electric – Materials and Labor to provide and install a 3-way low voltage dimming switch for connecting 16 light fixtures and dimming switch would cost \$1,600. Please see recommendation and quote.

### III. **Human Resources**

- a) **New Hires** – Occasional Part Time Animal Caregiver – Caitlin Sternberg (starts November 22<sup>nd</sup>)  
Maintenance Position – Matthew Snell (starts November 22<sup>nd</sup>)
- b) **Termination** – Maintenance Position – Brenton Dahl (November 2<sup>nd</sup>)
- c) **Trainings** – All employees must finish the Fear Free training by November 30<sup>th</sup>, 2021, or they will not be put on the December schedule until completed. As of November 17, 2021, nine of the fourteen employees have finished the training.

Eleven employees and two guest took part in a training on dog body language which was held by the Michigan Pet Alliance on 11/17/21.

### IV. **Business**

- a) **Finance Committee** – Helping to correct all audit findings so that UPAWS can continue with their solid business practices.
- b) **Liability Insurance** – Was notified on 11/17/21 that Arch Insurance Company was dropping our liability insurance after a dog bit an adopter on 10/6/21. Prince Associates is helping us find a new liability insurance company and the ED and Bookkeeper are filing all paperwork and turning the paperwork back into Prince Associates by the end of November. Our current coverage is good until 1/8/22.

### V. **Fundraising**

- a) **Solicitation Letter** – Solicitation letters were mailed out on 11/12 to four thousand people.
- b) **Giving Tuesday** – November 30<sup>th</sup>. The goal is \$5,000. Giving has already started and as of 11/17/21 a little over \$700 has been raised. Marketing campaign was created by ED and implemented by the Volunteer and Outreach Coordinator.
- c) **Lock Up Event** – Executive Director will be one of the “Celebrity” Lock Ups. Help bail me out so I can get back to work!

- d) **Newsletter** – Going to Pride Printing by 11/22. Will be mailed out the first week of December.

**VI. Executive Director's First 90 Day Report**

- a) Please see attachment

**VII. Executive Director's 2022 Goals**

- a) Please see attachment

## First 90 Days Report

Executive Director (Bill Brutto)

8/2/21 – 11/2/21

The following is a breakdown of my first 90 days as the Executive Director of UPAWS in the areas of animal welfare, property, business, human resources, donor relations.

### Animal Welfare

- **Adoption Policy Language and Price Changes** – The Adoption Contract, Foster to Adopt Fees, Adopters and Vet Appointments, Holding Policies, Animal Crate Fees.  
**Details** - Changes occurred to several adoption policies once they were reviewed and evaluated. Updates in language were changed in the adoption contracts. Changes were made to the foster to adopt program regarding the fee structure and in allowing potential adopters to schedule an appointment with their own veterinarian before the UPAWS's scheduled visit. A hold fee was created as it gave the opportunity for an adopter to put a hold on an animal so that the adopter could either have an animal meet or to prepare their home for adoption without losing the opportunity of adopting an animal. Animal crate fees were raised as many were not bringing back the crates in a timely matter.
- **Animal Safety and Handling Training Program Created and Implemented** – Fear Free Training, Michigan Pet Alliance Monthly Trainings, Maddie's University, Peer to Peer Training, and Animal Management Plan.  
**Details** – One of my biggest concerns in my first 90 days was that the staff was not being trained properly or consistently when it came to animal safety and handling. After a lot of research and finding the most cost-efficient plan all staff is required to take place in the following trainings at different times throughout the year. New employees have 30 days to complete the fear free training. The animal management plan will be used for any reactive animals and will be reviewed weekly by staff. The goal for the animal management plan is that we have proper documentation, a snapshot of an animal stay, and the progress or regression that an animal would make under our care.
- **Veterinarian Relationships** – I have met with the following vets in the community – Bayshore Vet Clinic, Animal Medical Center, Marquette Vet Clinic, Northern Veterinary Associates, and Gwinn Sawyer Vet Clinic.  
**Details** – I have either met in person or over the phone with the following vets and have had discussion ranging from animal care, medical expenses, transportation challenges, and future program possibilities. I look forward to continuing to build on from already established relationships and find new ways to improve them so we can receive the best medical care.
- **Transfers** – Six Transfers  
**Details** – Have approved six transfers since the beginning of August. The six transfers have brought to UPAWS over one hundred animals.
- **Pet Point** – Learned how to use Pet Point and use it for daily operations.

## Property

- **Maintenance To Do List** – A list of property projects was created before I started and given to me on my first day. The list was completed by the end of September.
- **Electronic Work Orders** – I have created an electronic work order form so that all members of UPAWS can fill out the form and an email will be sent to the maintenance specialist and myself. This should help with organization, workflow, and maintenance records. Still waiting to launch portal in which the work order application will be on.
- **Project List** – Continuing to work on quotes on supplies, equipment, and work for the following projects –
  - a. **TV Screen in Lobby** - Announcements and Pictures of Animals for Adoption
  - b. **Dimmer Switch for Community Room** – Currently no switch in room
  - c. **Outside Water in Dog Park** – Water in dog park comes out of faucet in the color brown.
  - d. **Front Sign Quote** – Replacing the temporary sign
  - e. **Logos on Transit Van** – This will be completed by the end of November.
- **Capital Replacement Plan** – Started to create inventory list and researching replacement dates so that that we can create a guideline of how much money each year would need to be saved so these items can be replaced.

## Business

- **Budget** – Have helped create and plan for the 2022 budget
- **Created Internal Due Dates for Finances** - All payables need to be turned in by Tuesday of each week, weekly payables will be approved on Wednesday of each week by the ED and Board Treasurer, checks will be signed on Wednesday or Thursday of each week, checks will be mailed out by Thursday of each week
- **Recommendations to Finance Committee** – Continuing to make recommendations to finance committee for financial and documentation success.

## Human Resources

- **Staff Meetings** – Realized that communication and direction was very much needed on a daily and weekly basis with staff. I have implemented the following - Weekly staff meetings on every other Tuesday and Wednesday. One on one meetings with the Animal Supervisors, Vet Assistant, Bookkeeper, and Volunteer and Outreach Coordinator. Daily Stand-Up meetings at 10:50am. Weekly Update emails are sent out every Friday.
- **Hiring** - Have hired 3 Animal Supervisors, 4 Animal Caregivers, 1 Maintenance Specialist
- **Human Resource Management Software** – Recommended and Implemented Sling Scheduling. All schedules, worked hours, PTO banks, and shift changes are done electronically (no more paper) for UPAWS employees. Employees will be able to punch in and out from their mobile device or computers while being GPS tracked (meaning they will have to be in the building to punch in and out).



- **Recommendations for Employee Benefits and Wages** – Have researched and made recommendations to the Personnel Committee on holiday pay, health insurance, year end bonuses, wage increases, and other employee benefits. I have implemented changes with the approval of the committees and board.
- **Customer Service Trainings** – All employees had to complete a nine-week course in customer service training in which the training was created specifically for animal shelters.
- **On-boarding** – Have created an on-boarding outline, check list, and training for all new employees

## **Public Relations**

- **Media** – Have been interviewed for local tv on 8 different occasions speaking on different programs and events. Have been interviewed for print on 4 different occasions speaking on different programs and events.
- **Social Media** - Created guidelines and strategic plans in how we use our social media. Interaction on our social media has been up since we made such changes.

## **Fundraising**

- **Grants** - Have written six grants since August. 3 of the grants were with the Michigan Pet Alliance and we were chosen for one of the 3 grants. We did not receive the other two because they wanted to give other shelters the opportunity. Still waiting to see if we have been chosen for any of the other grants.
- **Naming Opportunities** – Secured a naming opportunity for the lobby which is the amount of \$250,000.
- **Giving Tuesday** – Created a plan and is currently implementing the plan as the goal for Giving Tuesday is 5k and the official date is November 30th.
- **Solicitation Letter** – Just completed my first solicitation letter. The letters were mailed on 11/9/21 to donors.
- **Memorial Garden** – Helped complete previous orders and started the advertising and discussion of new donors for the garden.
- **NEON** – Have learned how to use the program and will continue to add to the program in daily operations.

## **Donor Relations**

- **Potential Donors** – Have had lunch with three potential donors in which each of their donations would be over 10k each.

## Executive Director's Goals for 2022



Goal	Target Date for Completion	Outcomes
Open Grooming Room for Public Use	January	<ol style="list-style-type: none"> <li>1. Proper Use of Building</li> <li>2. Revenue Source</li> <li>3. Service for Local Animals</li> </ol>
Inventory List for Retail	February	<ol style="list-style-type: none"> <li>1. Satisfy Yearly Audit Finding</li> <li>2. Keep product organized</li> </ol>
Employee Portal	March	<ol style="list-style-type: none"> <li>1. Better Communication</li> <li>2. Help with Organization</li> </ol>
Adult and Youth Educational Classes	April	<ol style="list-style-type: none"> <li>1. Proper Use of Building</li> <li>2. Pet Retention</li> <li>3. Community Service</li> </ol>
Capital Replacement Plan	May	<ol style="list-style-type: none"> <li>1. Help with future budget years</li> <li>2. Start the planning for future projects</li> <li>3. Identify Needs</li> </ol>
Upgrade Animal Database (Pet Point)	June	<ol style="list-style-type: none"> <li>1. Better Communication with our clients</li> <li>2. More detailed stats and info</li> <li>3. Better Organization</li> </ol>
Help Create and Implement Strategic Plan	On-going	<ol style="list-style-type: none"> <li>1. Improved Operations</li> <li>2. Quality of Care for Animals</li> <li>3. Meeting Community Needs</li> </ol>
Functioning Vet Clinic	September	<ol style="list-style-type: none"> <li>1. Help with quality of animal care</li> <li>2. Lower medical expenses</li> <li>3. Faster Service for our animals</li> </ol>
Mobile Programming	October	<ol style="list-style-type: none"> <li>1. Help with quality of care</li> <li>2. Pet Retention</li> <li>3. Community Service</li> </ol>
Donor Relations Goal of 50k (Between naming opportunities, relationship donations, grants, and specific fundraisers)	December	<ol style="list-style-type: none"> <li>1. Funds for animal care</li> <li>2. Funds for daily operations</li> </ol>
Municipal Contracts	March	

**Property Projects** — Lobby Screens, Front Highway Sign, Commercial Grade Dishwasher, Commercial Grade Washer and Dryer

## Volunteer & Community Outreach Coordinator Report November 2021

### Volunteer

- Volunteers in-shelter have been coming consistently and have been a big help caring for the animals.
- Fosters: added new applicants. Another new foster person took mom cat and kittens. Former foster took in another mom and litter.
- Transport volunteer drove to Bridge to pick up transfer cats from Allegan/Wishbone Animal Shelter. 19 cats (teens and young adults, already fixed). They arrived November 7<sup>th</sup>. As of November 15, one is still available, rest have been adopted!

### Community Outreach

- Pet Gazette Newsletter
  - Holiday issue:  
Coordinating, developing, making layout in Publisher, writing articles  
Goal to have to Pride by no later than Nov. 30<sup>th</sup>.
- Solicitation letter
  - Executive Director wrote solicitation letter.
  - I coordinated layout, Pride Printing.
- GIVING TUESDAY CAMPAIGN:
  - Per Executive Directors directive timeline:
  - Developing Giving Tuesday marketing plan and making layout and content.
  - Per ED sending Neon developed emails, and social media posts throughout November.
- St. Michael parish teen group
  - Wednesday 11-17. Went for photo with Teen Youth Group who raised \$400 to purchase Kuranda dog and cat beds.
- Empty The Shelter Holiday Event
  - December 6 – 12<sup>th</sup>.
  - Administrator for the event
- Subaru Loves Pets
  - October event. \$100 donated per pet up to 31.
  - Submitted all required documentation as well as Share the Love story.
- MI Internet Company
  - November 15 start date.
  - \$1,500 of pet sponsorships
  - All animals included
  - As of the first day of event, \$960 was used. We were BUSY!! Sold lots of retail too! (I was up front helping all day).

- RETAIL:
  - Coordinate and maintain inventory for retail area, including ordering, receiving, and pricing.
  - Holiday Store orders: huge amount of time spent on all that it entailed. Set up, orders, receiving, pricing, boxes etc.,
  - Holiday Store Mall: Set up / merchandised the store.
  -
- Webinar:
  - Maddie's Fund: Attended "Ensuring Transparency While Keeping Marketing and Adoption Counseling Separate"
- Website, social media:
  - Posting, upkeep, help with making new pages, advertising daily
  - FACEBOOK
    - Scheduling discussion with Executive Director.
    - Schedule will be as follows:  
Monday thru Friday 2 x a day @ 10am & 8pm  
Saturday 10am  
Sunday 8pm
  - INSTAGRAM
    - Daily 3 x
    - Morning, afternoon & early evening
  - TWITTER
    - 1x a day in morning
  - TikTok
    - Posting periodically (as I have time)

The above scheduling is subject to review/change per the Executive Director with the Community Outreach Coordinator inputs/suggestions. I am monitoring the Insights and algorithms.

- Pet Promos:
  - Photos & bios, advertising. Q-107 Pet of Week. Maintain Deb's Dog of the Month advertising, pet sponsorships and Pet Adoption portal, including development of pet biographies and pictures.
- Media (Community Outreach):
  - TV6, ABC10, TV3, Sunny 102 Morning Show, Mining Journal – MI Internet Company stories.
- OTHER
  - FEAR FREE SHELTER PROGRAM
    - 5-hour course – finished four courses and received certification

- Looking to have in-shelter volunteers take the courses so all staff and the volunteers are using the same Fear Free methods.
- 
- Helping up front when needed. Helping clean in cat adoption floor.

Submitted November 16, 2021

Ann Brownell

October 2021		<5 mos.		<5 mos.			
	DOGS	PUPS	CATS	KITS	OTHER	TOTAL	
<b>Beginning Count</b>	20	23	30	60	33	166	
<b>INTAKE</b>							<b>YTD</b>
Owner Surrender	21	1	23	6	11	62	569
Returned Adoption	4	0	4	0	1	9	47
Stray (from Police, Public and Shelter Pickup)	21	0	7	8	2	38	282
Born in Care	0	0	0	5	0	5	55
Transferred from Other Shelters	0	0	17	17	0	34	234
Special Hold/Service In	0	0	0	0	1	1	13
Seized/Custody (Cruelty & Neglect)	0	0	0	0	0	0	4
<b>Total Intakes</b>	<b>46</b>	<b>1</b>	<b>51</b>	<b>36</b>	<b>15</b>	<b>149</b>	1204

### OUTCOMES

Adoptions (shelter, foster home or special event)	21	5	60	49	25	160	939
<b>Total Adoptions YTD</b>	<b>82</b>	<b>10</b>	<b>152</b>	<b>103</b>	<b>75</b>	<b>422</b>	
Returned to Owner	15	0	4	0	2	21	166
Transferred to Rescue Groups/Shelters	2	0	0	0	0	2	4
<b>Total Live Outcomes</b>	<b>38</b>	<b>5</b>	<b>64</b>	<b>49</b>	<b>27</b>	183	1109
<b>EUTHANIZED/DEATHS/MISSING/STOLEN</b>							
Dangerous	2	0	0	0	0	2	3
Dying	0	0	0	0	0	0	8
Animal's Name and Reason	Frank & Zephyr - aggression						
<b>TOTAL ANIMALS EUTHANIZED</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>11</b>
Died at shelter/foster home - Unknown	0	0	0	1	0	1	19
Missing/Stolen/Escaped	0	0	0	0	0	0	0
Animal's Name and Reason				Frida-immature			
<b>Total Euth/Died/Other Outcomes</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>30</b>
<b>Ending Count</b>	<b>26</b>	<b>19</b>	<b>17</b>	<b>46</b>	<b>21</b>	<b>129</b>	
manual count	26	19	17	46	21	129	
<b>SAVE RATE</b> (Intake- Euthanasia Outcome)/Intake							98.7% <b>99.1%</b>
<b>ASPCA Live Release Rate</b> (Live Outcomes/ Intake)							122.8% <b>92.1%</b>

### OTHER INFO

	Dogs	Cats
Avg. Length of Stay in Days (adopted only)	32.8	45
Monthly Return Rate (returned adoptions/adoptions)	15%	4%

NOTE: LOS #s are high due to long waits for S/N surgeries

<b>Oct 2021 - CLINIC SERVICES</b>	<b>DOGS</b>	<b>CATS</b>	<b>OTHER</b>	<b>TOTAL</b>	<b>YTD</b>
Owner Requested Euthanasia	0	0	0	0	3
Bite Hold (for Owner)	0	0	0	0	0
Spay/Day	0	0	0	0	56
Community Spay/Neuter (Spay It Forward)	1	1	0	2	14
Microchipping	4	1	0	5	140
Domestic Violence	0	0	0	0	3
Pending Investigation	0	0	0	0	4
Boarding	0	0	0	0	8
Paws Park Permits	3	0	0	3	83
Service - Home 2 Home	0	0	2	2	29
Service - Nailtrims	2	0	5	7	86
Service - Dog Licenses	2	0	0	2	14
Service - Cremation Services	0	0	1	1	15
<b>Total</b>	<b>12</b>	<b>2</b>	<b>8</b>	<b>22</b>	<b>449</b>

## **Board Development Committee Meeting Minutes**

**Chaired by:** Colleen Whitehead

**Date:** November 11, 2021 5:00 pm – meeting held via Zoom

**Members Present:** Reva Laituri, Crystal Swanson and Linda Roncaglione

**Members Absent:** Lynn Andronis and Kathi Fosburg

- ❖ The discussion and review of Committee pending items included:
  - The Committee discussion included a review of the revised New Board Member Application. Committee members will continue the review process with the goal of finalizing the draft at the December Committee meeting.
  - Discussion on the notification process used in the past for Board applicants not selected. Has been a responsibility of the Committee Chair. No template letter or email is being used at this time.
  - Discussion on the Committee's role in coordinating Board training. Committee members will bring suggestions to the December Committee meeting regarding potential training areas, with the goal of conducting a brief "training survey" at the December Board meeting to identify possible trainings to be held in 2022.
  - Colleen will draft/re-draft language for the UPAWS website to be used for recruiting possible Board members or Board Committee members.
  - There are 3 vacant Board positions, all expiring in 2023. Currently, there are no pending or under review Board member applications.
- ❖ December Committee agenda to include 1) New Board Member application, 2) Board Training topics/suggestions, and 3) Website language.
- ❖ No discussion on storage/files of Board Development Committee information at the shelter. Transfer of Board Development files is still pending.
- ❖ Possible future topics for discussion included the creation/revision of Board Development Procedures and a template for the advertising and recruitment process.

### **Next Meeting:**

December 9, 2021 at 5:00 pm. Meeting will be held via Zoom, monthly meetings are currently held the 2<sup>nd</sup> Thursday of each month.



## UPAWS Finance Committee Minutes

**Meeting Date: Thursday, November 18, 2021 at 5:30pm**

**Meeting Location: Zoom**

Present: Chris Danik (Chair), Bill Brutto, Corey Hollowell, Reva Laituri

1. Review of October Financials: - Tabled to the December meeting due to a statement not being received on time.
2. Finalize 2022 Budget For Presentation to the Board: The committee discussed outstanding budget items and final changes. The budget is ready to be presented to the board.
3. Google Drive and Email Changes: Chris asked the committee about some changes to Google Drive and the [treasurer@upaws.org](mailto:treasurer@upaws.org) email. Chris would like to separate the Finance Committee documents from the rest of the accounting / operational financial documents (such as deposits). Chris would also like to retire the [treasurer@upaws.org](mailto:treasurer@upaws.org) email as all A/R and A/P should already be going to [bookkeeper@upaws.org](mailto:bookkeeper@upaws.org) to be processed by the bookkeeper with the Board Treasurer having access to [bookkeeper@upaws.org](mailto:bookkeeper@upaws.org). The committee agreed with the above changes. Chris will reorganize the drive and transition all emails to [bookkeeper@upaws.org](mailto:bookkeeper@upaws.org). The Board of Directors and Finance Committee will still have access to both Shared Drives.
4. Review Audit Recommendations: The committee reviewed each of the recommendations from the 2020 audit. There are several items that the committee would like further information or suggestions on. Corey will talk to Paul at MTHNK for some more information. The committee's final findings will be reported to the board but likely will not require any action at the board level.
5. Clean up of COA: Corey asked the committee about marking accounts not used as inactive. The committee agreed that any of the five digit account numbers (created by Quickbooks) and any accounts that have not been used since 2018 or earlier can be marked as inactive.

**Next Meeting:** Wednesday, December 15th at 5:30pm, UPAWS Back Office Area

## FUNDRAISING COMMITTEE MINUTES

November 15, 2021, 5:30 p.m.

Via Zoom

**Attendees:** Lynn Andronis, Bill Brutto (ED), Chris Danik, Leslie Hurst (Chair), Reva Laituri, Marlene Ombrello. **Excused:** Karen Rhodes, Amber Talo

*Ann Brownell is no longer part of the committee but continues to support it for advertising and volunteers.*

### Upcoming/Ongoing/Recently Completed Fundraisers:

- Pet Photo Calendar Contest (Reva): Bill will take to Platinum Partners (Mares z Dotes, Nicolet, Iron Range Insurance) when he discusses the 2022 PP program with them. 300 printed. Sales are going good.
- Strut Your Mutt (Chris) - Final Report received. \$1500 above budget - good job!
- Sally's Ride (Reva) - Sept 25. Lynn gave Leslie the completed 2021 bucket raffle donation forms and Chris gave Leslie the completed 2020, Leslie will enter in Neon as in-kind donation (4128, amt=0, fair market value, desc, note). We don't believe in-kind needs to be included in year-end donation statements but Chris is confirming with our auditor (Laura), Donor Development will follow-up on this. Lynn asked about registrations. Reva will send eventbrite access to Leslie and we'll look into it.
- Holiday Store (Karen) - Opened Nov 11, people are finding it. Ann did a great job making everything look nice. Karen has gotten some seasoned volunteers who are taking shifts which is a big help and is compiling reports for the first several days. Open Wednesdays thru Sundays, late on Thursdays (until 7 PM).
  - Wednesdays: 12pm - 5pm
  - Thursdays: 12pm - 7pm
  - Fridays: 12pm - 5pm
  - Saturdays: 10:30am - 5pm
  - Sundays: 12pm - 5pm
- Pet Photos with Santa (Lynn) - Trouble finding photographer. Lynn will follow-up with Mares z Dotes over the next few days. Two third-party fundraiser offers, Leslie is following up and reviewing with Lynn.
  - MÄTI- Masonic Arts & Theater Innovation Co, Kaitlin Aisthorpe, Dec 4th as part of their Holiday Hideaway event. Third-Party agreement and posted on drive.
  - Paul Olsen, "MQT-Santa", is thinking of having a pet photo with Santa at Stampede in Ishpeming. Very simple, people take photos with their phone/camera. I'd supply a wish list and donation bucket, he'd donate after covering his cost. I asked that it's not on 12/4 or 12/11, so possibly 12/18. He'll get back to me. *Nov 16 Update: He is not scheduling any more events due to high COVID status.*
- Lock-Up (Amber) - Online released today, Nov 15th, [upaws.org/lockup](https://upaws.org/lockup). 20 celebrities (waiting on 3 bio's). Lockup is Wed, Dec 1. COVID protocols will be followed. Amber,

Ann, Chris & Leslie on-site volunteers. Chris did some custom programming to keep progress thermometers current.

- Raise the Woof (Leslie) - Fri, Jan 14. Deposit sent. Will complete hotel reservations, raffle license application and event sponsor this week. One showing, no dinner but a short snack menu will be available.

### **2022 Fundraisers:**

- Gift Basket donation from Julie Kaznowski (Leia's mom). She put together after last CFP and since we don't have firm plans to hold it, will donate for the next bucket raffle we have. I'll store it in the Fundraising closet.
- Community Rummage Sale - Forming committee, Marlene will help, Bill will measure out potential spots. June. \$2000 (\$2100 rev, \$100 expense)
- TUFT 2022 - Leslie will ask Karen if we have confirmed the date of Thurs, July 14th.
- Cause for Paws (Amber) - Leslie will check with Amber. We feel we need to firm up the date & venue by mid-Dec (after Lock-Up).
- 2022 Budgets - Applied to month of expense/revenue.

### **Other Business:**

- Canister Report (Reva) - Reva provided updated report, it's filed under Canister folder on Fundraising drive. Please review it and if you have an idea for a business or organization that is not in the 2021 list, please reach out to them and see if they would like to host a canister, then let Reva know so she can get it set-up. Marlene will ask Taco Bell and Stampede (in Ishpeming).
- Leslie created a separate "UPAWS Third-Party Event Guideline" document, text is the same, cleaned-up formatting, to give to third parties.
- Next Meeting December 20, 2021, 5:30pm

MÄTI  
Presents

# Holiday Hideaway

## Capone's Holiday Dinner Theater

Friday  
DEC. 3

Doors open @ 6PM

Dinner @ 6:30PM

SPEAKEASY

TICKETS: \$35/PERSON  
\$60/COUPLE

20's-50's COSTUME CONTEST



DOORS OPEN @ 1PM

2:30PM-4:00PM Furry Friends

Christmas Wishes with Santa  
4PM Photos with

Miracle On 34th Street ('55) @ 5PM

6:30 Dr. Suess How The

Grinch

Stole Christmas!

Drive-In

FREE COMMUNITY EVENT

Saturday  
DEC. 4

Free Cider, Kids  
Activities, Snacks, Hot  
Cocoa, Coffee, & More!!

FOR DINNER THEATER TICKETS AND MORE INFORMATION GO TO:

[WWW.MATIMQT.ORG/OUREVENTS](http://WWW.MATIMQT.ORG/OUREVENTS)

NO TICKET REQUIRED FOR SATURDAY DEC. 4TH EVENT

128 W WASHINGTON ST. MARQUETTE, MI

Bring in new, unwrapped presents for  
our local "Toys For Tots" charity. All  
toys donated will remain in the  
community.



There will be a donation area for UPAWS  
Saturday, Dec. 4th, next to Santa's  
workshop.

For a list of acceptable donations,  
go to [WWW.UPAWS.ORG](http://WWW.UPAWS.ORG)  
& click "Wish List".





## **PERSONNEL COMMITTEE REPORT**

### **November, 10, 2021, 10:00 a.m.**

Present: Reva Laituri (Chair), Lynn Andronis, Colleen Whitehead, Bill Brutto (E.D.)

Bill provided the following staffing updates. Lorraine (Supervisor) and Brenton (Maintenance/Custodian) left employment. Effective November 1, Becca transferred into the full time supervisor position and Colin transferred into the full time animal caregiver position. Interviews are currently being held to fill the occasional part-time animal caregiver position and the maintenance position has been posted. No suitable candidates have come forward yet for the maintenance position. Bill is investigating temporary alternative ways of filling this position until someone is hired, such as contracting a part-time cleaning service or hiring through Manpower.

Colleen inquired as to whether Bill has come up with a regular schedule for updating the organizational chart with new staffing information (e.g., monthly, quarterly, etc.)

A schedule of staff training webinars has been instituted. Currently staff have been independently working on a 5-hour Fear Free Training course and on November 17<sup>th</sup> a one hour workshop on reading dog language will be viewed as a group. Many of these on-line classes and workshops will be a required step during orientation for new hires.

Written Animal Management Plans have been implemented. Sully, Whiskey and Zeus are the first animals who will hopefully benefit from the implementation of these plans.

Bill presented four proposals as alternatives to the QSEHRA plan which was discontinued. In each proposal, the primary component was Blue Cross/Blue Shield vision and dental insurance for all full time employees for single, two person and family coverage. Based on eligible employees at the time the quotes were obtained, annual cost for the benefit was less than \$4,400. The committee will recommend at the November Board meeting this plan be adopted effective January 1, 2022. Reva will prepare the report and recommendation. The second component of the proposals consisted of wage increases. Following a discussion, it was agreed Bill would prepare a wage survey of prevailing rates of pay for all staff positions and present it to the committee at the December Personnel Committee meeting.

Bill presented a draft report of his first 90 days on the job as well as a chart of 2022 goals. Final versions will be presented to the Board at the November meeting.

Reva shared with the Committee and Bill a list she had prepared of duties still being performed by board members that needed to be transitioned back to staff. The committee briefly discussed the list and transition schedule.

The meeting was adjourned at 12:34 p.m. The next meeting is December 8, 2021, at 10:00 in the Community Room.

Respectfully submitted,

***Reva Laituri***

Chairperson

**Donor Development Ad-Hoc Committee**  
**Meeting Minutes**  
**November 9, 2021 4:30pm**  
**UPAWS Back Office Area**

**Attending:** Lynn Andronis, Bill Brutto (ED), Chris Danik, Leslie Hurst (Chair), Reva Laituri

Review Neon Functionality:

- Volunteer - Chris used for Rescue Raffle; Leslie entering BB; Will continue to investigate for event volunteers, need to discuss with Ann and what she does with Volgitics.
- Grants - Reviewed; Bill will try it out.
- Access - Updated Bill access so he can do just about everything (except system config, Leslie & Chris will continue to do that for now).

Clean-Up / Follow-Ups:

- Lynn working on TUFT entries.
- Lynn created a mailing list for Oct. Solicitation, Bill will handle Winter Newsletter (need to make sure entries are up to date first).
- Email Clean-Up - Leslie, Lynn & Chris will discuss before the next meeting.
- Membership - Bill will review as time allows (not a top priority at this point).
- Waiting for feedback from Policy & Bylaws on Privacy Policy to see if updates need to be made to Neon opt-out options, etc.
- Leslie & Chris will draft a donation process flow. This is needed before the data entry tasks can be transitioned to others. Current process is time intensive and needs to be understood, and will facilitate process improvements.

**Next Meeting:** December 14, 4:30pm UPAWS Back Office Area