

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable: ☐ Change of address, ☐ Change of name, ☐ Initial return, ☐ Final return, ☐ Amended return

C SHELTERCARE, P. O. BOX 23338, EUGENE, OR 97402

D Employer identification number: 23-7115003

E Telephone number: 541-686-1262

F Check ☐ if application pending

G Organization type (check only one): ☒ 501(c)(3) (insert no) ☐ 527 OR ☐ 4947(a)(1)

Note H and I are not applicable to section 527 orgs

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

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

H(c) Are all affiliates included? (if "No," attach a list See instructions) ☐ Yes ☒ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

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

1	Contributions gifts grants and similar amounts received				
a	Direct public support	1a	339,306		
b	Indirect public support	1b	105,169		
c	Government contributions (grants)	1c	1,320,580		
d	Total (add lines 1a through 1c) (cash \$ 1,755,685 noncash \$ 9,370)	1d		1,765,055	
2	Program service revenue including government fees and contracts (from Part VII line 93)	2		2,481,832	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		27,776	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	634	8b		
d	Net gain or (loss) (combine line 8c columns (A) and (B))	-634	8c		
9	Special events and activities (attach schedule)	SEE STATEMENT 2	8d		-634
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	60,103		
b	Less direct expenses other than fundraising expenses	9b	27,043		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		33,060	
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		156,179	
12	Total revenue (add lines 1d 2 3 4 5 6c 7 8d 9c 10c 11)	12		4,463,268	
13	Program services (from line 44, column (B))	13		3,892,300	
14	Management and general (from line 44, column (C))	14		358,243	
15	Fundraising (from line 44, column (D))	15		78,633	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		4,329,176	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		134,092	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		961,181	
20	Other changes in net assets or fund balances (attach explanation)	20		-820	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,094,453	

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

Yes,* enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

	(Grants and allocations \$	0)	3,892,300
	(Grants and allocations \$)	
	(Grants and allocations \$)	
	(Grants and allocations \$)	
Other program services (attach schedule)	(Grants and allocations \$)	
Total of Program Service Expenses (should equal line 44, column (B), Program services)			3,892,300

Part IV Balance Sheets (See Specific Instructions on page 23)

Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	215,822	45	269,434
46	Savings and temporary cash investments	432,700	46	208,499
47a	Accounts receivable	328,612		
b	Less allowance for doubtful accounts	13,704	47c	314,908
48a	Pledges receivable	147,723		
b	Less allowance for doubtful accounts	17,777	48c	129,946
49	Grants receivable		49	
50	Receivables from officers, directors, trustees and key employees (attach sch)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	35,174	53	13,114
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	71,448
57a	Land, buildings, and equipment basis	785,863		
b	Less accumulated depreciation (attach schedule) STMT 6	494,673	57c	291,190
58	Other assets (describe <input type="checkbox"/>)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	1,189,019	59	1,298,539
60	Accounts payable and accrued expenses	190,522	60	176,015
61	Grants payable		61	
62	Deferred revenue	22,994	62	15,330
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)	12,250	64b	10,354
65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)	2,072	65	2,387
66	Total liabilities (add lines 60 through 65)	227,838	66	204,086
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	961,181	67	964,507
68	Temporarily restricted		68	129,946
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal or current funds		70	
71	Paid-in or capital surplus or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)	961,181	73	1,094,453
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	1,189,019	74	1,298,539

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

Part VI Other Information (See Specific Instructions on page 26.)

N/A Yes No

6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
7	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
8a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
30a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization DH, INCORPORATED and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
31a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below, unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts included on line 12 for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter			
a	Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0		
d	Enter Amount of tax in 89c, above, reimbursed by the organization	0		
90a	List the states with which a copy of this return is filed OREGON			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions.)	90b	150	
91	The books are in care of SHELTERCARE Located at 1790 W. 11TH AVE, ST. 290, EUGENE, OR	Telephone no	541-686-1262	
		ZIP code	97402	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A <input type="checkbox"/>		
		92	N/A	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513 or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
Program service revenue					
SERVICE FEES					163,526
Medicare/Medicaid payments					1,874,380
Fees and contracts from government agencies					443,926
Membership dues and assessments					
Interest on savings & temporary cash investments			14	27,776	
Dividends and interest from securities					
Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain/loss from sales of assets other than inventory			18	-634	
Net income or (loss) from special events			1	33,060	
Gross profit or (loss) from sales of inventory					
Other revenue a MISCELLANEOUS IN			1	156,179	
b					
c					
d					
e					
4 Subtotal (add columns (B), (D), and (E))				216,381	2,481,832
5 Total (add line 104, columns (B), (D) and (E))					2,698,213

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	FEES FOR SERVICE AND MEDICARE AND MEDICAID PROGRAMS WERE USED TO ASSIST HOMELESS AND MENTALLY OR EMOTIONALLY DISTURBED AND HEAD INJURED ADULTS IN REHABILITATION AND TRANSITIONAL LIVING SITUATIONS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- Note If "Yes" to (b) file Form 8870 and Form 4720 (see instructions)

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

2/19/01

Part President

Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number
23-7115003

HELTERCARE

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

Yes No

During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

1 Yes No X

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?

a Sale, exchange, or leasing of property?

2a Yes No X

b Lending of money or other extension of credit?

2b Yes No X

c Furnishing of goods, services, or facilities?

2c Yes No X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d Yes No X

e Transfer of any part of its income or assets?

2e Yes No X

If the answer to any question is "Yes," attach a detailed statement explaining the transactions.

3 Does the organization make grants for scholarships, fellowships, student loans, etc.?

3 Yes No X

4a Do you have a section 403(b) annuity plan for your employees?

4a Yes No X

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable etc. functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

i4 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

For each calendar year beginning in:	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,350,094	1,313,306	1,169,735	1,087,023	4,920,158
Membership fees received					
Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	2,349,596	2,241,495	1,753,343	1,879,369	8,223,803
Gross income from interest, dividends, amounts received from payments on receivables (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	188,332	167,585	151,332	127,980	635,229
Net income from unrelated business activities not included in line 18					
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
Total of lines 15 through 22	3,888,022	3,722,386	3,074,410	3,094,372	13,779,190
Line 23 minus line 17	1,538,426	1,480,891	1,321,067	1,215,003	5,555,387
Enter 1% of line 23	38,880	37,224	30,744	30,944	

Organizations described on lines 10 or 11	a	Enter 2% of amount in column (e), line 24	26a	111,108
b	Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.		26b	
c	Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	5,555,387
d	Add: Amounts from column (e) for lines 18 <u>635,229</u> 19 <u> </u> 22 <u> </u> 26b <u> </u>		26d	635,229
e	Public support (line 26c minus line 26d total)		26e	4,920,158
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	88.57%

Organizations described on line 12

a

For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year

N/A

(1999)

(1998)

(1997)

(1996)

b

For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.

(1999)

(1998)

(1997)

(1996)

c

Add: Amounts from column (e) for lines

15

16

17

20

21

27c

d

Add: Line 27a total

and line 27b total

27d

e

Public support (line 27c total minus line 27d total)

27e

f

Total support for section 509(a)(2) test. Enter amount on line 23, column (e)

27f

g

Public support percentage (line 27e (numerator) divided by line 27f (denominator))

27g

%

h

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27h

%

Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

Yes No

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

32a

32b

32c

32d

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

33a

33b

33c

33d

33e

33f

33g

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587 covering racial nondiscrimination? If "No," attach an explanation.

35

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check here ☐ a if the organization belongs to an affiliated group

Check here ☐ b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
Total lobbying expenditures (add lines 36 and 37)	38		
Other exempt purpose expenditures	39		
Total exempt purpose expenditures (add lines 38 and 39)	40		
Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (enter 25% of line 41)	42		
Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
5 Lobbying nontaxable amount					
6 Lobbying ceiling amount (150% of line 45(e))					
7 Total lobbying expenditures					
8 Grassroots nontaxable amount					
9 Grassroots ceiling amount (150% of line 48(e))					
0 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities

N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
Volunteers			
Paid staff or management (include compensation in expenses reported on lines c through h)			
Media advertisements			
Mailings to members legislators, or the public			
Publications or published or broadcast statements			
Grants to other organizations for lobbying purposes			
Direct contact with legislators their staffs, government officials or a legislative body			
Rallies, demonstrations, seminars conventions, speeches lectures or any other means			
Total lobbying expenditures (add lines c through h)			

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

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

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

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

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

▶ ☐ Yes ☒ No

b If "Yes " complete the following schedule

[illegible]

Schedule B
Form 990 or 990-EZ

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

HELTERCARE

Employer identification number

23-7115003

Organization type (check one) - Section

☒ 501(c)(3) (enter number) ☐ 527 or
☐ 4947(a)(1) nonexempt charitable trust

Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)



Enter here the total gifts received during the year for a religious, charitable, etc. purpose: \$

Note: This form is generally not open to public inspection except for section 527 organizations.

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

SHELTERCARE

23-7115003

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>549,019</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>771,562</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>231,430</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>50,876</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>27,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Employer identification number

23-7115003

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>8</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>9</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

SHELTERCARE

23-7115003

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____ _____	\$ _____	_____
—	_____ _____ _____ _____	\$ _____	_____
—	_____ _____ _____ _____	\$ _____	_____
—	_____ _____ _____ _____	\$ _____	_____
—	_____ _____ _____ _____	\$ _____	_____
—	_____ _____ _____ _____	\$ _____	_____
—	_____ _____ _____ _____	\$ _____	_____

KFA

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

SHELTERCARE

23-7115003

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

● Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions)

▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="text-align: center;">(e) Transfer of gift</div> <div style="display: flex; justify-content: space-between;"> <div>Transferee's name, address, and zip code</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div style="display: flex; justify-content: space-between;"> <div>Transferee's name, address, and zip code</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div style="display: flex; justify-content: space-between;"> <div>Transferee's name, address, and zip code</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div style="display: flex; justify-content: space-between;"> <div>Transferee's name, address, and zip code</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div style="display: flex; justify-content: space-between;"> <div>Transferee's name, address, and zip code</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div style="display: flex; justify-content: space-between;"> <div>Transferee's name, address, and zip code</div> <div>Relationship of transferor to transferee</div> </div>		
	<div style="text-align: center;">(e) Transfer of gift</div> <div style="display: flex; justify-content: space-between;"> <div>Transferee's name, address, and zip code</div> <div>Relationship of transferor to transferee</div> </div>		

LIENT 5246

SHELTERCARE

23-7115003

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES:

COST OR OTHER BASIS:	634	
GAIN (LOSS)		\$ -634
TOTAL GAIN (LOSS)		<u>\$ -634</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS:

A) SHELTERCARE AUCTION

B)

C)

OTHER:

SPECIAL EVENTS	A	B	C	OTHER	TOTAL
GROSS RECEIPTS	\$ 60,103			0	60,103
LESS: CONTRIBUTIONS	0			0	0
GROSS REVENUE	60,103			0	60,103
LESS: DIRECT EXPENSES	27,043			0	27,043
NET INCOME (LOSS)	<u>\$ 33,060</u>			<u>0</u>	<u>33,060</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS	\$ -820
TOTAL	<u>\$ -820</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CHILDRENS PROGRAM	\$ 5,624	5,624		

CLIENT 5246

SHELTERCARE

23-7115003

STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CLIENT ASSISTANCE & HAF	\$ 92,525	92,525		
PROFESSIONAL SERVICES	89,210	51,251	21,093	16,866
LAUNDRY	12,599	12,599		
MISCELLANEOUS	13,369	4,225	6,509	2,635
TRAINING & MEETINGS	24,768	16,161	7,797	810
VOLUNTEER EXPENSE	27,320	27,320		
MENTAL HEALTH ALLOCATION	0	18,379	-18,379	
OCCUPANCY SUPPLIES	54,026	54,026		
FOOD	94,680	94,680		
RECRUITING	10,156	9,890	266	
TOTAL	\$ 424,277	386,680	17,286	20,311

STATEMENT 5
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
SHELTERCARE PROVIDES EMERGENCY RESIDENTIAL SERVICES FOR INDIVIDUALS AND FAMILIES IN NEED OF TEMPORARY HOUSING. FACILITIES CURRENTLY INCLUDE SHELTER HOMES IN THE EUGENE-SPRINGFIELD, OREGON AREA.	\$ 0	3,013,069
SHELTERCARE PROVIDES LONG-TERM RESIDENTIAL SUPPORT PRINCIPALLY FOR MENTALLY AND EMOTIONALLY DISTURBED ADULTS.	0	879,231
	\$ 0	3,892,300

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIP.	\$ 195,178	108,884	86,294
FURNITURE AND FIXTURES	287,841	205,986	81,855
BUILDINGS	27,323	7,639	19,684
IMPROVEMENTS	270,133	172,164	97,969

LIENT 5246

SHELTERCARE

23-7115003

STATEMENT 6 (CONTINUED)
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
LAND	\$ 5,388		5,388
TOTAL	\$ 785,863	494,673	291,190

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

	ENDING
CLIENT DEPOSIT PAYABLES	\$ 2,387
TOTAL	\$ 2,387

STATEMENT 8
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
SANDRA SCHEETZ PO BOX 10905 EUGENE, OR 97440-2905	BD PRESIDENT NONE	\$ 0	0	0
ANDY HALPERN 3990 BLANTON ROAD EUGENE, OR 97405	PAST PRESIDENT NONE	0	0	0
RICHARD ROFSKY PO BOX 10188 EUGENE, OR 97440	VICE PRESIDENT NONE	0	0	0
ED NECKER 173 EAST HATTON EUGENE, OR 97404	BOARD SECRETARY NONE	0	0	0
PEGGY RENKERT 1257 U OF O EUGENE, OR 97403-1257	MEMBER NONE	0	0	0
LARRY ABEL 177 DAY ISLAND ROAD EUGENE, OR 97401	MEMBER NONE	0	0	0

ENT 5246

SHELTERCARE

23-7115003

STATEMENT 8 (CONTINUED)

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
JIM DESMOND 240 COACHMEN DRIVE EUGENE, OR 97405	MEMBER NONE	\$ 0	0	0
MICHEAL ROBERTS 338 WEST 11TH AVE, SUITE 110 EUGENE, OR 97401	MEMBER NONE	0	0	0
MELINDA GRIER 1931 MOSS STREET EUGENE, OR 97403	MEMBER NONE	0	0	0
JEFF HOYT 2560 CHUCKANUT EUGENE, OR 97408	MEMBER NONE	0	0	0
RALPH SALTUS 376 EAST 11TH AVENUE EUGENE, OR 97401	MEMBER NONE	0	0	0
JOHN VANLANDINGHAM 376 EAST 11TH AVENUE EUGENE, OR 97401	MEMBER NONE	0	0	0
ANNE MARIE LEVIS 1255 PEARL STREET EUGENE, OR 97401	MEMBER NONE	0	0	0
JUDY NEWMAN 1829 EAST 15TH AVENUE EUGENE, OR 97403	MEMBER NONE	0	0	0
CHUCK SHEPARD PO BOX 8516 EUGENE, OR 97401	MEMBER NONE	0	0	0
SUSAN BAN 1790 WE 11TH AVE, SUITE 290 EUGENE, OR 97402	EXECUTIVE DIR 40	50,087	1,503	0
ERIN BONNER 1790 WE 11TH AVE, SUITE 290 EUGENE, OR 97402	FISCAL DIR 40	46,970	1,409	0
	TOTAL	\$ 97,057	2,912	0

CLIENT 5246

SHELTERCARE

23-7115003

BALANCE SHEET
UNRESTRICTED

UNDESIGNATED	\$	473,059
BOARD DESIGNATED: CAPITAL RESERVE		420,000
BOARD DESIGNATED: ENDOWMENT FUND		<u>71,448</u>
TOTAL	\$	<u><u>964,507</u></u>

SUPPORTING SCHEDULE

SCHEDULE A, PART IV-A SUPPORT SCHEDULE

	Gifts, Grants, & Contracts	Interest, Etc	Other Revenue	Total
1 Revenue, per books (accrual basis)	\$ 1,334,075 00	\$ 188,332 00	\$ 2,349,596 00	\$ 3,872,003 00
2 Add				
Beginning of year entry reversing accrual of income at the end of the prior year	255,740 00	-	-	255 740 00
3 Subtotal	1,589,815 00	188,332 00	2,349,596 00	4,127,743 00
4 Less				
Income accrued during the current year but not collected as of the end of the year	239,721 00	-	-	239,721 00
5 Revenue on a cash basis	\$ 1,350,094 00	\$ 188,332 00	\$ 2,349,596 00	\$ 3,888,022 00

Asset Depreciation Short Report - Sorted by - ASSET A/C#

Company ShelterCare

Year End 06/30/01

Page 1

Date 12/17/01

Method 1 - BOOK

Std Conv Applied

File F:\DATA\AK15246\5246

Time 10 22 29

Range 01 - FURNITURE & EQUIP -ADMIN - 79

- VEHICLES - GAR

Include All assets

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
SSET A/C# 01 - FURNITURE & EQUIP -ADMIN								
3/01/80	4 DRAWER FILE	SLP/16 00	119 99	0 00	119 99	119 99	0 00	119 99
3/01/82	FURNITURE	SLP/ 5 00	270 00	0 00	270 00	270 00	0 00	270 00
3/01/82	OKI DATA LASER PRINTER	SLP/ 5 00	649 00	0 00	649 00	649 00	0 00	649 00
5/01/82	HYUNDAI COLOR MONITOR	SLP/ 5 00	381 00	0 00	381 00	381 00	0 00	381 00
8/01/82	QUASAR 13" TV-VCR	SLP/ 5 00	485 00	0 00	485 00	485 00	0 00	485 00
7/27/82	HYUNDAI MONITOR	SLP/ 5 00	120 00	0 00	120 00	120 00	0 00	120 00
2/21/82	1 METAL DESK	SLP/ 5 00	159 95	0 00	159 95	159 95	0 00	159 95
2/21/82	1 SECRETARY DESK	SLP/ 5 00	175 00	0 00	175 00	175 00	0 00	175 00
2/22/82	20" GREYSCALE MONITOR	SLP/ 5 00	814 97	0 00	814 97	814 97	0 00	814 97
1/20/83	MAC II COMPUTER & KEYBOARD	SLP/ 5 00	2,108 00	0 00	2,108 00	2,108 00	0 00	2,108 00
8/18/83	1 USED METAL DESK	SLP/ 5 00	184 85	0 00	184 85	184 85	0 00	184 85
8/21/83	PANAFAX	SLP/ 5 00	1,499 00	0 00	1,499 00	1 499 00	0 00	1 499 00
8/30/83	488/33 OMNITEK COMPUTER	SLP/ 5 00	1 448 00	0 00	1 448 00	1 448 00	0 00	1,448 00
5/30/83	MUSTEX SCANNER	SLP/ 5 00	610 95	0 00	610 95	610 95	0 00	610 95
2/03/84	COMPUTER & PRINTER	SLP/ 5 00	3 886 75	0 00	3 886 75	3 886 75	0 00	3 886 75
8/13/84	DESKJET 520 PRINTER	SLP/ 5 00	289 98	0 00	0 00	178 83	111 15	289 98
8/12/84	FIRE SAFE	SLP/ 5 00	289 99	0 00	289 99	289 99	0 00	289 99
1/18/84	DESK	SLP/ 5 00	149 99	0 00	149 99	149 99	0 00	149 99
1/21/84	AST BRAVO COMPUTER	SLP/ 5 00	2,436 00	0 00	2,436 00	2 436 00	0 00	2 436 00
6/10/85	DESKJET 540 PRINTER	SLP/ 5 00	248 98	0 00	248 98	248 98	0 00	248 98
8/15/85	COMPUTER - OMNITEK	SLP/ 5 00	2 030 00	0 00	2 030 00	1,996 17	33 83	2,030 00
11/20/86	BACKUP TAPE SYSTEM - OMNITEK	SLP/ 5 00	616 00	0 00	0 00	174 53	441 47	616 00
5/08/86	LASERJET PRINTER - COMARK	SLP/ 5 00	523 90	0 00	523 90	436 58	87 32	523 90
5/10/86	COMPUTER - QUANTEX	SLP/ 5 00	2 148 00	0 00	2,148 00	1,790 00	358 00	2,148 00
11/17/86	DESKJET PRINTER	SLP/ 5 00	399 99	0 00	399 99	320 00	79 99	399 99
7/28/87	COMPUTER/MONITOR	SLP/ 5 00	2 013 00	0 00	2 013 00	1 207 80	402 60	1 610 40
2/17/88	COMPUTER	SLP/ 5 00	1 559 00	0 00	1 559 00	753 52	311 80	1 065 32
2/17/88	COMPUTER	SLP/ 5 00	1 811 00	0 00	1 811 00	875 32	382 20	1 237 52
3/26/88	HP LASERJET 5 PRINTER	SLP/ 5 00	1 100 00	0 00	1 100 00	513 33	220 00	733 33
2/23/88	Computer system	SLP/ 5 00	1,205 00	0 00	1,205 00	381 58	241 00	622 58
5/10/89	Phone System	SLP/ 7 00	7 642 00	0 00	7 642 00	1 273 68	1 091 71	2,385 37
6/30/89	Lap Top - HP	SLP/ 5 00	2 234 11	0 00	2 234 11	484 06	448 82	930 88
0/12/89	COMPUTER - 400 MHZ	SLP/ 5 00	1,385 00	0 00	1,385 00	207 75	277 00	484 75
1/11/89	HP OMNIBOOK	SLP/ 5 00	1 834 47	0 00	1 834 47	244 60	366 89	611 49
1/29/89	COMPUTER - 400 MHZ	SLP/ 5 00	1,299 00	0 00	1,299 00	173 20	259 80	433 00
2/02/89	COMPUTER - 400mhz	SLP/ 5 00	1 299 00	0 00	1,299 00	151 55	259 80	411 35
2/21/89	COMPUTER - 386 MHZ	SLP/ 5 00	1 300 00	0 00	1 300 00	151 87	260 00	411 67
1/05/00	HP LJ2100TN & Adaptors	SLP/ 5 00	1,021 33	0 00	1 021 33	102 13	204 27	306 40
3/12/00	COMPUTER - 486 MHZ	SLP/ 5 00	1 566 78	0 00	1 566 78	52 23	313 36	365 59
4/10/01 A	Computer File Server	SLP/ 5 00	5,360 50	0 00	5,360 50	0 00	268 03	268 03
Grand totals 01 - FURNITURE & EQUIP -ADMIN (40 assets)			54 655 58	0 00	53,749 60	27 486 03	6 397 04	33 883 07

SSET A/C# 02 - FURNITURE & EQUIP -FAMILY

3/01/91	(3) HOTPOINT RANGES	SLP/ 5 00	894 00	0 00	894 00	894 00	0 00	894 00
3/10/92	386 DX COMPUTER & LABOR	SLP/ 5 00	1,779 00	0 00	1,779 00	1,779 00	0 00	1,779 00
5/20/94	IBM CORRECTING TYPEWRITER	SLP/ 5 00	375 00	0 00	375 00	375 00	0 00	375 00
3/05/94	COMPUTER	SLP/ 5 00	1,698 94	0 00	1,698 94	1,698 94	0 00	1,698 94
2/01/94	GE UPRIGHT REFRIGERATOR	SLP/ 5 00	360 00	0 00	360 00	360 00	0 00	360 00
3/08/96	FAX MACHINE	SLP/ 5 00	249 99	0 00	249 99	218 67	33 32	249 99
6/07/96	MONITOR - OMNITEK	SLP/ 5 00	299 00	0 00	299 00	244 18	54 82	299 00
2/24/97	VIRTUAL OFFICE COMPUTER	SLP/ 5 00	1,118 99	0 00	1,118 99	764 65	223 80	988 45
2/27/98	SONITROL SYSTEM	SLP/ 5 00	1,305 00	0 00	1,305 00	630 75	281 00	891 75
3/31/98	COMPUTER	SLP/ 5 00	1,399 00	0 00	1,399 00	606 23	279 80	886 03
3/25/99	(1) Washer (4) Dryers	SLP/ 7 00	1,064 00	0 00	1,064 00	184 67	152 00	316 67
3/30/99	(55) Mattresses	SLP/ 7 00	3,800 00	0 00	3,800 00	588 10	542 86	1,130 96
0/27/99	INSPIRON 75 00 COMPUTER	SLP/ 5 00	2,618 00	0 00	2,618 00	392 70	523 60	916 30
5/15/00	COMPUTER - 486 MHZ	SLP/ 5 00	1,362 07	0 00	1,362 07	45 40	272 41	317 81
3/15/00	COMPUTER - 486 MHZ	SLP/ 5 00	1,322 93	0 00	1,322 93	44 10	284 59	308 69

Asset Depreciation Short Report - Sorted by ASSET A/C#

Company ShelterCare

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Date 12/17/01

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Req A/Depr	Curr Depr	End A/Depr
Grand totals 02 - FURNITURE & EQUIP -FAMILY (15 assets)			19,645 92	0 00	19 645 92	8 804 39	2 608 20	11 412 59
ASSET A/C# 03 - FURNITURE & EQUIP-HAWTH								
1/01/88	SEARS TYPEWRITER	SLP/ 5 00	210 97	0 00	210 97	210 97	0 00	210 97
1/06/95	COMPUTER - QUANTEX	SLP/ 5 00	2,636 00	0 00	2 636 00	2 460 27	175 73	2,636 00
1/22/95	RCA TV	SLP/ 5 00	419 99	0 00	419 99	385 00	34 99	419 99
2/09/95	OKIDATA PRINTER	SLP/ 5 00	427 98	0 00	427 98	392 33	35 65	427 98
3/28/96	SANYO FAX	SLP/ 5 00	449 99	0 00	449 99	352 50	90 00	442 50
3/30/97	QUANTEX COMPUTER	SLP/ 5 00	2 027 00	0 00	2 027 00	1 249 98	405 40	1,655 38
3/08/98	FURNITURE	SLP/ 5 00	1 434 00	0 00	1,434 00	597 50	286 80	884 30
1/08/99	Mattresses (20) sets	SLP/ 7 00	1,580 00	0 00	1,580 00	338 57	225 71	564 28
2/09/99	(17) Love Seats	SLP/ 7 00	4,233 00	0 00	4,233 00	856 87	604 71	1,481 38
2/09/99	(17) Matching Chairs	SLP/ 7 00	3 893 00	0 00	3,893 00	787 87	558 14	1 344 01
2/09/99	(5) Drop Leaf Tables	SLP/ 7 00	545 00	0 00	545 00	110 30	77 88	188 16
2/09/99	(30) Matching Chairs	SLP/ 7 00	1 170 00	0 00	1 170 00	238 78	167 14	403 92
2/09/99	(18) Oak End Tables	SLP/ 7 00	882 00	0 00	882 00	178 50	126 00	304 50
2/09/99	(5) Chest of Drawers - 5 drawers	SLP/ 7 00	595 00	0 00	595 00	120 42	85 00	205 42
8/14/99	Computer - Pentium	SLP/ 5 00	1 031 00	0 00	1,031 00	223 38	206 20	429 58
Grand totals 03 - FURNITURE & EQUIP-HAWTH (15 assets)			21,534 93	0 00	21,534 93	8,501 04	3 077 33	11,578 37
ASSET A/C# 04 - FURNITURE & EQUIP - ROYAL								
1/01/87	MISC KITCHEN EQUIPMENT	SLP/ 5 00	3 305 72	0 00	3,305 72	3,305 72	0 00	3,305 72
8/01/88	AD SYSTEM COPIER	SLP/ 5 00	394 99	0 00	394 99	394 99	0 00	394 99
2/01/89	INTERCOM - SECURITY	SLP/ 5 00	966 00	0 00	966 00	966 00	0 00	966 00
3/01/89	COMPUTER	SLP/ 5 00	1,218 00	0 00	1 218 00	1,218 00	0 00	1 218 00
2/01/90	HOBART DISHWASHER	SLP/ 5 00	800 00	0 00	800 00	800 00	0 00	800 00
8/16/93	PRINTER	SLP/ 5 00	199 98	0 00	199 98	199 98	0 00	199 98
10/18/93	486DX250 COMPUTER	SLP/ 5 00	2 520 00	0 00	2,520 00	2 520 00	0 00	2 520 00
8/05/93	WHIRLPOOL AIRCONDITIONER	SLP/ 5 00	250 00	0 00	250 00	250 00	0 00	250 00
4/29/94	RECONDITIONED 450 Z COPIER	SLP/ 5 00	1 195 20	0 00	1 195 20	1 195 20	0 00	1 195 20
5/16/94	ALUMASHIELD REFRIGERATOR	SLP/ 5 00	1 790 10	0 00	1 790 10	1,790 10	0 00	1 790 10
5/19/94	2 DOOR REFRIGERATOR	SLP/ 5 00	2 938 81	0 00	2 938 81	2 938 81	0 00	2 938 81
6/01/94	3 DOOR FREEZER	SLP/ 5 00	4 820 98	0 00	4,820 98	4 820 98	0 00	4,820 98
8/12/94	250MB TAPE BACKUP SYSTEM	SLP/ 5 00	253 00	0 00	253 00	253 00	0 00	253 00
2/13/94	COMPUTER	SLP/ 5 00	2 577 00	0 00	2,577 00	2,577 00	0 00	2,577 00
2/29/94	PRINTER	SLP/ 5 00	427 97	0 00	427 97	427 97	0 00	427 97
01/23/95	KITCHEN HOOD & EXHAUST	SLP/ 5 00	1 095 00	0 00	1,095 00	980 29	114 71	1 095 00
1/06/95	COMPUTER - QUANTEX	SLP/ 5 00	2 636 00	0 00	2 636 00	2 460 27	175 73	2 636 00
4/30/97	GAS STOVE	SLP/ 5 00	2,335 00	0 00	2,335 00	1,439 92	487 00	1 908 92
8/30/98	(2)WASHERS (2)DRYERS	SLP/ 5 00	1,448 00	0 00	1 448 00	603 33	289 60	892 93
3/11/99	File Server	SLP/ 5 00	1,255 00	0 00	1,255 00	271 92	251 00	522 92
8/14/99	Computer - Pentium	SLP/ 5 00	1,031 00	0 00	1,031 00	223 38	206 20	429 58
5/15/00	COMPUTER - 486 MHZ	SLP/ 5 00	1,362 07	0 00	1,362 07	45 40	272 41	317 81
Grand totals 04 - FURNITURE & EQUIP - ROYAL (22 assets)			34,819 82	0 00	34 819 82	29 682 26	1 776 65	31,458 91
ASSET A/C# 05 - FURNITURE & EQUIP - DVS								
3/07/00	COMPUTER - 433 MHZ	SLP/ 5 00	1,283 00	0 00	1,283 00	85 53	256 60	342 13
3/11/00	HP OMNIBOOK	SLP/ 5 00	1 602 59	0 00	1 602 59	106 84	320 52	427 36
Grand totals 05 - FURNITURE & EQUIP - DVS (2 assets)			2,885 59	0 00	2 885 59	192 37	577 12	769 49
ASSET A/C# 06 - FURNITURE & EQUIP-ULHORN								
5/01/90	AMWAY AIR PURIFIER	SLP/ 5 00	353 43	0 00	353 43	353 43	0 00	353 43
5/01/90	COUCHES (15)	SLP/ 5 00	2,700 00	0 00	2,700 00	2,700 00	0 00	2 700 00
5/01/90	CHAIRS (18)	SLP/ 5 00	2 044 50	0 00	2,044 50	2,044 50	0 00	2 044 50
5/01/90	END TABLES (20)	SLP/ 5 00	600 00	0 00	600 00	600 00	0 00	600 00
5/01/90	HEADBOARDS (14)	SLP/ 5 00	560 00	0 00	560 00	560 00	0 00	560 00
5/01/90	HOLLYWOOD FRAMES (20)	SLP/ 5 00	300 00	0 00	300 00	300 00	0 00	300 00
5/01/90	MATTRESS & BOX SPRINGS (20)	SLP/ 5 00	2,560 00	0 00	2,560 00	2,560 00	0 00	2 560 00
5/01/90	NIGHT STANDS (20)	SLP/ 5 00	540 00	0 00	540 00	540 00	0 00	540 00
5/01/90	NOOK TABLES (20) CHAIRS (39)	SLP/ 5 00	2 000 00	0 00	2,000 00	2,000 00	0 00	2,000 00
8/01/91	NP 1020 CANON COPIER	SLP/ 5 00	999 00	0 00	999 00	999 00	0 00	999 00
7/22/92	BED MATTRESS & FRAME	SLP/ 5 00	179 90	0 00	179 90	179 90	0 00	179 90

Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
SSET A/C# 06 - FURNITURE & EQUIP-ULHORN								
7/27/92	386/SX-25 COMPUTER	SLP/ 5 00	1 425 00	0 00	1,425 00	1 425 00	0 00	1,425 00
3/30/93	TV/VCR	SLP/ 5 00	479 98	0 00	479 98	479 98	0 00	479 98
7/27/93	PRINTER	SLP/ 5 00	309 99	0 00	309 99	309 99	0 00	309 99
3/08/95	INTELLIFAX 1500 M	SLP/ 5 00	629 98	0 00	629 98	629 98	0 00	629 98
3/08/98	COMPUTER MONITOR	SLP/ 5 00	459 98	0 00	459 98	360 33	92 00	452 33
Grand totals 06 - FURNITURE & EQUIP-ULHORN (16 assets)			16 141 78	0 00	16,141 78	16,042 11	92 00	16,134 11
SSET A/C# 07 - FURNITURE & EQUIP - SPC								
3/31/98	Computer - Pentium	SLP/ 5 00	1 232 00	0 00	1,232 00	472 27	248 40	718 67
2/31/98	(8) Office Chairs	SLP/ 7 00	1 022 36	0 00	1 022 36	231 25	148 05	377 30
5/15/00	COMPUTER - 466 MHZ	SLP/ 5 00	1,318 28	0 00	1 318 28	43 94	263 66	307 60
2/28/00	COMPUTER - 533 MHZ	SLP/ 5 00	1,318 28	0 00	1,318 28	21 97	263 66	285 63
Grand totals 07 - FURNITURE & EQUIP - SPC (4 assets)			4 890 92	0 00	4 890 92	769 43	919 77	1,689 20
SSET A/C# 08 - FURNITURE & EQUIP - GAR								
3/15/01 A	Phone System	SLP/ 3 00	2,064 98	0 00	2 064 98	0 00	57 36	57 36
Grand totals 08 - FURNITURE & EQUIP - GAR (1 assets)			2,064 98	0 00	2,064 98	0 00	57 36	57 36
SSET A/C# 10 - FURNITURE & EQUIP-BRETH								
0/31/94	SHARP COPIER	SLP/ 5 00	673 94	0 00	673 94	673 94	0 00	673 94
3/20/95	PHONE SYSTEM	SLP/ 5 00	925 00	0 00	925 00	925 00	0 00	925 00
5/15/95	COPIER UPGRADE	SLP/ 5 00	214 49	0 00	214 49	214 49	0 00	214 49
9/15/97	COMPUTER	SLP/ 5 00	1,818 00	0 00	1,818 00	1,030 20	363 60	1,393 80
0/08/98	Phone System	SLP/ 7 00	1,780 00	0 00	1,780 00	445 00	254 29	699 29
8/14/99	Computer - Pentium	SLP/ 5 00	1 180 00	0 00	1,180 00	251 33	232 00	483 33
Grand totals 10 - FURNITURE & EQUIP-BRETH (6 assets)			6 571 43	0 00	6,571 43	3,539 96	849 89	4 389 85
SSET A/C# 11 - FURNITURE & EQUIP - CRF								
7/08/94	COMPUTER	SLP/ 5 00	3,123 00	0 00	3,123 00	3,123 00	0 00	3 123 00
7/28/94	SAMSUNG CAMCORDER	SLP/ 5 00	477 00	0 00	477 00	477 00	0 00	477 00
8/01/94	PRINTER	SLP/ 5 00	629 99	0 00	629 99	629 99	0 00	629 99
8/01/94	TV/VCR	SLP/ 5 00	419 99	0 00	419 99	419 99	0 00	419 99
8/09/94	FAX MACHINE	SLP/ 5 00	499 99	0 00	499 99	499 99	0 00	499 99
8/24/94	2-DRAWER FILE CABINET (2)	SLP/ 5 00	179 98	0 00	179 98	179 98	0 00	179 98
8/25/94	FLATBED SCANNER	SLP/ 5 00	618 25	0 00	618 25	618 25	0 00	618 25
8/30/94	2-DRAWER FILE CABINET	SLP/ 5 00	89 99	0 00	89 99	89 99	0 00	89 99
8/30/94	VACUUM	SLP/ 5 00	129 99	0 00	129 99	129 99	0 00	129 99
3/31/94	COMPUTERS (2)	SLP/ 5 00	3 830 00	0 00	3,830 00	3 830 00	0 00	3,830 00
8/01/94	DICTATION TRANSCRIBER	SLP/ 5 00	199 99	0 00	199 99	199 99	0 00	199 99
9/12/94	TYPEWRITER	SLP/ 5 00	89 99	0 00	89 99	89 99	0 00	89 99
1/13/94	FILE CABINET	SLP/ 5 00	89 99	0 00	89 99	89 99	0 00	89 99
9/15/94	COMPUTER CART - OAK	SLP/ 5 00	179 99	0 00	179 99	179 99	0 00	179 99
9/17/94	TV CART	SLP/ 5 00	49 99	0 00	49 99	49 99	0 00	49 99
1/17/94	25" TV	SLP/ 5 00	289 97	0 00	289 97	289 97	0 00	289 97
4/17/94	VCR	SLP/ 5 00	229 97	0 00	229 97	229 97	0 00	229 97
9/23/94	SECURITY SYSTEM	SLP/ 5 00	1 308 00	0 00	1,308 00	1 308 00	0 00	1 308 00
9/23/94	CLOSED CIRCUIT FOCUS TV	SLP/ 5 00	299 95	0 00	299 95	299 95	0 00	299 95
0/17/94	BUSHEL TRUCK	SLP/ 5 00	394 80	0 00	394 80	394 80	0 00	394 80
1/01/94	CLOSED CIRCUIT TV CAMERA	SLP/ 5 00	204 95	0 00	204 95	204 95	0 00	204 95
1/02/94	IBM TYPEWRITER	SLP/ 5 00	225 00	0 00	225 00	225 00	0 00	225 00
1/02/94	COMPUTER STAND	SLP/ 5 00	136 98	0 00	136 98	136 98	0 00	136 98
1/02/94	HP DESKJET PRINTER	SLP/ 5 00	499 00	0 00	499 00	499 00	0 00	499 00
2/18/94	UPRIGHT VACUUM	SLP/ 5 00	320 00	0 00	320 00	320 00	0 00	320 00
4/08/95	PANASONIC COMPUTER & PRINTER	SLP/ 5 00	1,136 79	0 00	1,136 79	1 136 79	0 00	1 136 79
7/21/95	PIANO & BENCH	SLP/ 5 00	300 00	0 00	300 00	295 00	5 00	300 00
7/25/95	WHIRLPOOL STACK WASHER/DRYER	SLP/ 5 00	800 00	0 00	800 00	786 67	13 33	800 00
8/03/95	POSTURETECH CHAIR	SLP/ 5 00	299 99	0 00	299 99	295 00	4 99	299 99
8/30/95	COMPUTER - QUANTEX	SLP/ 5 00	2 787 00	0 00	2 787 00	2,694 10	92 90	2 787 00
1/06/95	COMPUTER - QUANTEX	SLP/ 5 00	2 636 00	0 00	2,636 00	2,460 27	175 73	2 636 00
1/06/95	COMPUTER - QUANTEX	SLP/ 5 00	2 636 00	0 00	2,636 00	2 460 27	175 73	2 636 00

.set Depreciation Short Report - Sorted by ASSET A/C#

mpany ShelterCare

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ite Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
SET A/C# 11 - FURNITURE & EQUIP - CRF								
1/12/98	LAPTOP COMPUTER -EPE TECHNOLOGY	SLP/ 5 00	3 243 00	0 00	3,243 00	2,648 45	594 55	3 243 00
1/18/98	PRINTER	SLP/ 5 00	399 99	0 00	399 99	320 00	79 99	399 99
1/30/98	VACUUM	SLP/ 5 00	484 00	0 00	484 00	387 20	96 80	484 00
1/12/98	NEC PRINTER	SLP/ 5 00	349 99	0 00	349 99	268 33	70 00	338 33
1/10/97	QUANTEX COMPUTER	SLP/ 5 00	2 747 00	0 00	2 747 00	1 877 12	549 40	2,426 52
1/21/97	HOBART DISHWASHER	SLP/ 5 00	8,955 00	0 00	8 955 00	5,970 00	1 791 00	7,761 00
1/21/97	SS SINK	SLP/ 5 00	512 00	0 00	512 00	341 33	102 40	443 73
1/21/97	HOBART FREEZERS HF2 (2)	SLP/ 5 00	3 024 00	0 00	3,024 00	2,018 00	604 80	2 620 80
1/21/97	HOBART REFRIG H-2	SLP/ 5 00	1,296 00	0 00	1,296 00	884 00	259 20	1 123 20
1/21/97	HAMILTON BEACH BLENDER	SLP/ 5 00	168 00	0 00	168 00	112 00	33 60	145 60
1/21/97	SHARP MICROWAVE R20	SLP/ 5 00	125 00	0 00	125 00	83 33	25 00	108 33
1/21/97	UNIVEX MEAT SLICER 7510	SLP/ 5 00	1,134 00	0 00	1,134 00	758 00	226 80	982 80
1/21/97	RANGE OVEN-US PF24/BG6242K8A	SLP/ 5 00	1,404 00	0 00	1 404 00	938 00	280 80	1 216 80
1/21/97	REFRIGERATOR	SLP/ 5 00	308 00	0 00	308 00	205 33	61 60	266 93
1/21/97	STEEL FOOD & BUS CART	SLP/ 5 00	135 00	0 00	135 00	90 00	27 00	117 00
1/21/97	MICROWAVE OVEN	SLP/ 5 00	109 00	0 00	109 00	72 67	21 80	94 47
1/21/97	48" PEDESTAL TABLE	SLP/ 5 00	810 00	0 00	810 00	540 00	162 00	702 00
1/21/97	REGRIGERATOR	SLP/ 5 00	275 00	0 00	275 00	183 33	55 00	238 33
1/21/97	EXAM STOOL	SLP/ 5 00	96 00	0 00	96 00	64 00	19 20	83 20
1/21/97	EXAM TABLE	SLP/ 5 00	640 00	0 00	640 00	426 67	128 00	554 67
1/21/97	OVERBED TABLE	SLP/ 5 00	122 00	0 00	122 00	81 33	24 40	105 73
1/21/97	EXAM STOOL / HIGH	SLP/ 5 00	128 00	0 00	128 00	85 33	25 60	110 93
1/21/97	HEALTH SCALE	SLP/ 5 00	105 00	0 00	105 00	70 00	21 00	91 00
1/21/97	DESK & CHAIR	SLP/ 5 00	200 00	0 00	200 00	133 33	40 00	173 33
1/21/97	DESKS 30X60 OAK	SLP/ 5 00	1 908 00	0 00	1,908 00	1,272 00	381 60	1,653 60
1/21/97	DESKS W/ RETURN	SLP/ 5 00	689 00	0 00	689 00	459 33	137 80	597 13
1/21/97	DESKS STEEL 30 X 60	SLP/ 5 00	1 113 00	0 00	1,113 00	742 00	222 80	964 60
1/21/97	DESKS WOOD 42" OAK	SLP/ 5 00	610 00	0 00	610 00	406 67	122 00	528 67
1/21/97	EXEC CHAIR	SLP/ 5 00	138 00	0 00	138 00	92 00	27 60	119 60
1/21/97	CHROME CHAIRS, LEATHERETTE	SLP/ 5 00	1,228 00	0 00	1 228 00	818 67	245 80	1 064 27
1/21/97	CHAIRS STEEL UPHOLSTERED	SLP/ 5 00	2 147 00	0 00	2,147 00	1 431 33	429 40	1 860 73
1/21/97	CHAIRS, OAK, UPHOLSTERED	SLP/ 5 00	5,775 00	0 00	5 775 00	3,850 00	1,155 00	5,005 00
1/21/97	CHAIRS SECR SWIVEL	SLP/ 5 00	1 056 00	0 00	1 056 00	704 00	211 20	915 20
1/21/97	CHAIR EXEC	SLP/ 5 00	97 00	0 00	0 00	6 47	90 53	97 00
1/21/97	SAMSONITE FOLDING	SLP/ 5 00	42 00	0 00	42 00	28 00	8 40	36 40
1/21/97	STACKING CHAIRS, VARIOUS	SLP/ 5 00	1 800 00	0 00	1,800 00	1 200 00	360 00	1,560 00
1/21/97	CHAIRS OVERSTUFFED, WOOD FRAME	SLP/ 5 00	1 050 00	0 00	1,050 00	700 00	210 00	910 00
1/21/97	COMPUTER TABLE - FORMICA	SLP/ 5 00	132 00	0 00	132 00	88 00	26 40	114 40
1/21/97	PORTABLE TABLES	SLP/ 5 00	140 00	0 00	140 00	93 33	28 00	121 33
1/21/97	TABLES, 24X24, 24X30, 30X30	SLP/ 5 00	1,050 00	0 00	1,050 00	700 00	210 00	910 00
1/21/97	TABLES, 42" SQUARE	SLP/ 5 00	315 00	0 00	315 00	210 00	63 00	273 00
1/21/97	TABLES, 48" ROUND	SLP/ 5 00	105 00	0 00	105 00	70 00	21 00	91 00
1/21/97	CONFERENCE TABLE 8'	SLP/ 5 00	472 00	0 00	472 00	314 67	94 40	409 07
1/21/97	LAMPS & SHADES	SLP/ 5 00	1 092 00	0 00	1,092 00	728 00	218 40	946 40
1/21/97	WALL CLOCKS	SLP/ 5 00	59 00	0 00	59 00	39 33	11 80	51 13
1/21/97	BLACKBOARDS	SLP/ 5 00	28 00	0 00	28 00	18 67	5 60	24 27
1/21/97	SAFE 12 X 16	SLP/ 5 00	238 00	0 00	238 00	158 67	47 60	208 27
1/21/97	SERVICE CART	SLP/ 5 00	42 00	0 00	42 00	28 00	8 40	36 40
1/21/97	FILES, 4 DR	SLP/ 5 00	566 00	0 00	566 00	377 33	113 20	490 53
1/21/97	FILES, 2 DR	SLP/ 5 00	189 00	0 00	189 00	128 00	37 80	163 80
1/21/97	FILES, LATERAL 3 DR	SLP/ 5 00	956 00	0 00	956 00	637 33	191 20	828 53
1/21/97	FILES, LATERAL 2 DR	SLP/ 5 00	270 00	0 00	270 00	180 00	54 00	234 00
1/21/97	FILES LATERAL 4 DR	SLP/ 5 00	180 00	0 00	180 00	120 00	36 00	156 00
1/21/97	BOOK SHELVES, 4' X 6"	SLP/ 5 00	833 00	0 00	833 00	555 33	166 60	721 93
1/21/97	PAPER SHREDDER	SLP/ 5 00	90 00	0 00	90 00	60 00	18 00	78 00
1/21/97	OVERHEAD PROJECTOR	SLP/ 5 00	157 00	0 00	157 00	104 67	31 40	136 07
1/21/97	BEDS CUSTER BASE, NON-ADJUSTABLE	SLP/ 5 00	720 00	0 00	720 00	480 00	144 00	624 00
1/21/97	RESTRAINT BED	SLP/ 5 00	515 00	0 00	515 00	343 33	103 00	446 33
1/21/97	HOUSEKEEPING CARTS	SLP/ 5 00	215 00	0 00	215 00	143 33	43 00	166 33
1/30/98	COMPUTER	SLP/ 5 00	6,739 00	0 00	6 739 00	3,032 55	1 347 80	4 380 35
1/15/98	QUANTEX COMPUTER	SLP/ 5 00	1,627 00	0 00	1,627 00	705 03	325 40	1 030 43

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Date 12/17/01

Date Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179		
						Reg A/Depr	Curr Depr	End A/Depr
ASSET A/C# 11 - FURNITURE & EQUIP - CRF								
08/11/98	Power Notebook Lap Top	SLP/ 5 00	3,299 00	0 00	3,299 00	1 284 82	658 80	1,924 42
08/13/98	Computer - Pentium	SLP/ 5 00	1,017 00	0 00	1,017 00	389 85	203 40	593 25
10/21/98	Printer	SLP/ 5 00	1,388 00	0 00	1,388 00	485 10	277 20	762 30
10/31/98	Ice Machine	SLP/ 7 00	1 625 00	0 00	1 625 00	406 25	232 14	838 39
07/09/99	CADET 7 EXTRACTOR	SLP/ 7 00	1,697 00	0 00	1,697 00	242 43	242 43	484 86
09/30/99	COMPUTER	SLP/ 5 00	1 144 00	0 00	1 144 00	190 67	228 80	419 47
10/12/99	COMPUTER - 400 MHZ	SLP/ 5 00	2,492 00	0 00	2 492 00	373 80	498 40	872 20
12/03/99	HOUSEKEEPING CART	SLP/ 7 00	1,178 00	0 00	1 178 00	98 17	168 29	266 48
01/21/00	60" GRIZZLY RANGE	SLP/ 7 00	4,265 00	0 00	4,265 00	304 64	609 29	913 93
05/08/00	COMPRESSOR ON FREEZER	SLP/ 7 00	1,308 35	0 00	1,308 35	31 15	188 91	218 06
05/15/00	COMPUTER - 486 MHZ	SLP/ 5 00	1,362 07	0 00	1 362 07	45 40	272 41	317 81
05/23/00	208V 3PHASE BOOSTER HEATER	SLP/ 7 00	1 040 06	0 00	1,040 06	24 76	148 58	173 34
Grand totals 11 - FURNITURE & EQUIP - CRF (105 assets)			108,078 99	0 00	107 981 99	68 057 48	18 443 00	84,500 48
ASSET A/C# 17 - FURNITURE & EQUIP - SHV								
12/04/96	COMPUTER - VIRTUAL OFFICE SYS	SLP/ 5 00	1 922 00	0 00	1,922 00	1,377 43	384 40	1,761 83
03/15/97	FAX - NATIONAL PHOTO COPY	SLP/ 5 00	395 00	0 00	395 00	263 33	79 00	342 33
06/26/97	CANON COPIER	SLP/ 5 00	1,479 00	0 00	1,479 00	912 05	295 80	1 207 85
05/31/98	DISHWASHER	SLP/ 5 00	3,274 00	0 00	3,274 00	1,418 73	654 80	2 073 53
07/17/98	Computer - Pentium II	SLP/ 5 00	2,028 00	0 00	2 028 00	811 20	405 60	1,216 60
08/14/99	Computer - Pentium	SLP/ 5 00	1 031 00	0 00	1 031 00	223 38	206 20	429 58
05/15/00	HOBART FREEZER - REACH IN	SLP/ 7 00	3 575 00	0 00	3,575 00	85 12	510 71	595 83
Grand totals 17 - FURNITURE & EQUIP - SHV (7 assets)			13,704 00	0 00	13 704 00	5 091 24	2,536 51	7,627 75
ASSET A/C# 18 - EQUIP/MAINTENANCE								
03/21/95	PRESSURE WASHER	SLP/ 5 00	900 00	0 00	900 00	900 00	0 00	900 00
01/10/96	TITAN PAINT SPRAYER	SLP/ 5 00	500 00	0 00	500 00	450 00	50 00	500 00
10/22/97	COMPUTER	SLP/ 5 00	1,447 00	0 00	1 447 00	795 85	289 40	1,085 25
Grand totals 18 - EQUIP/MAINTENANCE (3 assets)			2,847 00	0 00	2,847 00	2 145 85	339 40	2 485 25
ASSET A/C# 50 - LEASEHOLD IMPROV-BRETH								
07/01/91	BRETHEN IMPROVEMENTS	SLP/ 5 00	71,141 31	0 00	71 141 31	71 141 31	0 00	71,141 31
10/15/93	IMPROVEMENTS	SLP/ 5 00	50,984 50	0 00	50 984 50	50,984 50	0 00	50,984 50
11/07/00 A	Circuits & Outlets	SLP/20 00	3,050 00	0 00	3,050 00	0 00	101 67	101 67
Grand totals 50 - LEASEHOLD IMPROV-BRETH (3 assets)			125 155 81	0 00	125,155 81	122 105 81	101 67	122 207 48
ASSET A/C# 51 - LEASEHOLD IMPROV-ADMIN								
03/15/94	ADMIN OFFICE IMPROVEMENTS	SLP/ 5 00	9,525 37	0 00	9 525 37	9,525 37	0 00	9 525 37
01/31/96	ADMIN REMODEL	SLP/ 5 00	528 67	0 00	528 67	486 98	61 69	528 67
02/02/96	GRILLES (2) & SUPPLIES	SLP/ 5 00	1,590 00	0 00	1,590 00	1,404 50	185 50	1 590 00
05/26/99	Office remodel	SLP/ 5 00	5,130 25	0 00	5 130 25	1 197 06	1 026 05	2 223 11
Grand totals 51 - LEASEHOLD IMPROV-ADMIN (4 assets)			16 774 29	0 00	16 774 29	12 593 91	1 273 24	13 867 15
ASSET A/C# 52 - LEASEHOLD IMPROV-FAMILY								
02/01/95	DEMO OLD CONSTRUCT NEW BLDG	SLP/20 00	109 714 37	0 00	109,714 37	29,714 32	5,485 72	35 200 04
07/31/00 A	Flood Lights	SLP/ 5 00	3 593 00	0 00	3,593 00	0 00	718 60	718 60
Grand totals 52 - LEASEHOLD IMPROV-FAMILY (2 assets)			113,307 37	0 00	113,307 37	29 714 32	6,204 32	35 918 64
ASSET A/C# 53 - LEASEHOLD IMPROV - SAF								
06/29/01 A	Office Addition	SLP/20 00	6,200 00	0 00	6 200 00	0 00	25 83	25 83
Grand totals 53 - LEASEHOLD IMPROV - SAF (1 assets)			6 200 00	0 00	6,200 00	0 00	25 83	25 83
ASSET A/C# 54 - LEASEHOLD IMPROV - GAR								
06/15/01 A	Secunty System	SLP/ 5 00	8 695 00	0 00	8 695 00	0 00	144 92	144 92
Grand totals 54 - LEASEHOLD IMPROV - GAR (1 assets)			8 695 00	0 00	8,695 00	0 00	144 92	144 92
ASSET A/C# 60 - BUILDING & LAND - ROYAL								

Acq	Description	Meth/Life	Cost	Sec	179	Depr Basis	Includes Section 179		
							Req A/Depr	Curr Depr	End A/Depr
SSET A/C# 60 - BUILDING & LAND - ROYAL									
3/20/95	BUILDING	SLP/20 00	18,184 50	0 00		18 184 50	4,041 15	808 23	4 849 38
3/20/95	LAND	SLP/ 0 00	5,388 18	0 00		0 00	0 00	0 00	0 00
3/30/96	ASSESSMENT PAYABLE	SLP/20 00	11,158 33	0 00		11,158 33	2,231 68	557 92	2,789 80
Grand totals 60 - BUILDING & LAND - ROYAL (3 assets)			32 710 99	0 00		27 322 83	6 272 83	1 368 15	7,838 98
SSET A/C# 70 - VEHICLES - CRF									
8/30/95	'94 DODGE RAM VAN	SLP/ 5 00	18,138 00	0 00		18,138 00	17,533 40	604 60	18,138 00
8/30/96	1996 PLYMOUTH NEON	SLP/ 5 00	9 777 50	0 00		9 777 50	7,659 04	1,955 50	9,614 54
Grand totals 70 - VEHICLES - CRF (2 assets)			27,915 50	0 00		27,915 50	25,192 44	2 560 10	27,752 54
SSET A/C# 71 - VEHICLES - ADMIN									
1/08/97	1997 DODGE VAN	SLP/ 5 00	16,776 50	0 00		16 776 50	11,743 55	3,355 30	15,098 85
Grand totals 71 - VEHICLES - ADMIN (1 assets)			16,776 50	0 00		16,776 50	11 743 55	3 355 30	15,098 85
SSET A/C# 72 - VEHICLES - ROY									
7/05/94	'94 DODGE VAN	SLP/ 5 00	16,988 00	0 00		16,988 00	16,988 00	0 00	16,988 00
8/26/94	SECURITY SYSTEM	SLP/ 5 00	375 00	0 00		375 00	375 00	0 00	375 00
Grand totals 72 - VEHICLES - ROY (2 assets)			17,363 00	0 00		17,363 00	17 363 00	0 00	17,363 00
SSET A/C# 73 - VEHICLES - UHL									
3/01/92	GMC 12 PASSENGER VAN	SLP/ 5 00	18,969 50	0 00		18 969 50	18 969 50	0 00	18,969 50
1/08/00 A	1998 Ford Van	SLP/ 5 00	32,788 48	0 00		32,788 48	0 00	4,371 79	4,371 79
Grand totals 73 - VEHICLES - UHL (2 assets)			51,757 98	0 00		51,757 98	18 969 50	4 371 79	23,341 29
SSET A/C# 74 - VEHICLES - MAINT									
10/01/92	'78 CHEVY VAN	SLP/ 5 00	4 700 00	0 00		4,700 00	4,700 00	0 00	4 700 00
11/28/94	'89 DODGE PU	SLP/ 5 00	4 900 00	0 00		4,900 00	4 900 00	0 00	4 900 00
12/06/98	Dodge Van	SLP/ 5 00	5,000 00	0 00		5,000 00	1 916 67	1,000 00	2,916 67
17/24/00 A	1985 Nissan Pickup	SLP/ 5 00	2 000 00	0 00		2 000 00	0 00	400 00	400 00
18/24/00 A	78 Chevy Truck Improvements	SLP/ 5 00	3 204 31	0 00		3,204 31	0 00	587 46	587 46
15/04/01 A	1990 Chevy Pickup	SLP/ 5 00	6,178 00	0 00		6,178 00	0 00	205 93	205 93
8/13/01 A	90 Chevy Truck Improvements	SLP/ 5 00	2,300 00	0 00		2 300 00	0 00	38 33	38 33
Grand totals 74 - VEHICLES - MAINT (7 assets)			28,282 31	0 00		28 282 31	11,516 67	2 231 72	13 748 39
SSET A/C# 75 - VEHICLES - SPC									
3/06/00	2000 Dodge Caravan	SL/ 5 00	15 970 00	0 00		15 970 00	1,597 00	3,194 00	4,791 00
Grand totals 75 - VEHICLES - SPC (1 assets)			15,970 00	0 00		15 970 00	1,597 00	3 194 00	4 791 00
SSET A/C# 76 - VEHICLES - FSH									
3/15/00	1984 Oldsmobile Cutlass	SLP/ 5 00	1,600 00	0 00		1 600 00	106 67	320 00	426 67
Grand totals 76 - VEHICLES - FSH (1 assets)			1 600 00	0 00		1,600 00	106 67	320 00	426 67
SSET A/C# 77 - VEHICLES - BRE									
7/15/99	1989 Ford Taurus	SLP/ 5 00	3,805 00	0 00		3 805 00	761 00	761 00	1 522 00
Grand totals 77 - VEHICLES - BRE (1 assets)			3,805 00	0 00		3,805 00	761 00	761 00	1 522 00
SSET A/C# 78 - VEHICLES - DVS									
3/06/00	2000 Dodge Caravan	SLP/ 5 00	16 212 00	0 00		16,212 00	1,080 80	3,242 40	4,323 20
Grand totals 78 - VEHICLES - DVS (1 assets)			16,212 00	0 00		16,212 00	1 080 80	3 242 40	4 323 20
SSET A/C# 79 - VEHICLES - GAR									
3/01/01 A	2001 Dodge Caravan	SLP/ 5 00	15 496 00	0 00		15,496 00	0 00	516 53	516 53
Grand totals 79 - VEHICLES - GAR (1 assets)			15,496 00	0 00		15 496 00	0 00	516 53	516 53

Asset Depreciation Short Report - Sorted by ASSET A/C#

Company ShelterCare

Year End 06/30/01

Method 1 - BOOK

Page 7

Date 12/17/01

Date Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179		
						Beq A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts (269 assets)			785,862 63	0 00	779 471 49	429 329 66	65,343 24	494 672 90

Codes that may appear next to the date acquired include A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets.

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum Depr	Current Depreciation	Ending Accum Depr	Net Book Value
Grand Totals for all assets	785,862 63	0 00	779 471 49	429 329 66	65,343 24	494 672 90	291,189 73
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	785,862 63	0 00	779 471 49	429,329 66	65,343 24	494,672 90	291,189 73



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone (503)986-2200
Fax (503)378-4381
www.sos.state.or.us/corporation/corphp.htm

Registry Number. 091391-14
Type DOMESTIC NONPROFIT CORPORATION

SHELTERCARE
SUSAN BAN
1790 W 11TH AVE #290
PO BOX 23338
EUGENE OR 97402

Acknowledgement Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

Document

ARTICLES OF AMENDMENT

Filed On
04/03/2001

Jurisdiction
OREGON

Nonprofit Type
PUBLIC BENEFIT

Name
SHELTERCARE

Principal Place of Business

1790 W 11 STE 290
EUGENE OR 97402-0000

Registered Agent

SUSAN BAN
1790 W 11TH AVE #290
PO BOX 23338
EUGENE OR 97402

President

ANDY HALPERN
3990 BLANTON RD
EUGENE OR 97405

Secretary

AL CIERI
FLETCHER & SMARTT
PO BOX 2989
EUGENE OR 97402

**Restated
Articles of Incorporation
ShelterCare,
an
Oregon Nonprofit Corporation**

The following Restated Articles of Incorporation are adopted pursuant to the provisions of the Oregon Nonprofit Corporation Act, ORS chapter 65

Article 1 Name

The name of this corporation shall be ShelterCare ShelterCare shall be a public benefit corporation

Article 2 Mission and Purposes

2.1 ShelterCare is organized, and shall be operated, exclusively as a charitable organization for the purpose of furthering the general welfare and common good of the people of Oregon, with special emphasis on Lane County. Specific purposes include the provision of emergency shelter and support services, transitional services, and long-term residential services, to low income families and individuals and to disabled adults who are in need of such services

2.2 ShelterCare may engage in any lawful activity for which corporations may be organized and operated under the Oregon Nonprofit Corporation Act, ORS Chapter 65, as may be necessary to accomplish its mission, so long as such activities are consistent with operation as an exempt, charitable organization under Section 501 (c) (3) of the Internal Revenue Code

Article 3 Restrictions

3.1 ShelterCare shall not participate in, or intervene in, any political campaign on behalf of or in opposition to any candidate for public office

3.2 No substantial part of the activities of ShelterCare shall consist of carrying on propaganda or otherwise attempting to influence legislation

3.3 ShelterCare shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code or (b) by a corporation to which contributions are deductible under Section 170 (c) (2) of the Internal Revenue Code, or the corresponding provisions of any future federal income tax laws.

3.4 ShelterCare shall not discriminate against any person on the basis of race, color, sex/gender, marital status, religion, national origin, age, sexual orientation, physical or mental disability, or political affiliation or belief.

Article 4 Irrevocable Dedication to Charitable Purposes

The property of ShelterCare is irrevocably dedicated to public or charitable purposes. No part of the net income or assets of ShelterCare shall ever inure to the benefit of any director or officer, or to the benefit of any other individual. ShelterCare is not organized, nor shall it be operated, for the primary purpose of generating pecuniary gain or profit and it will not distribute any gains, profits, or dividends to the officers or directors thereof or to any other individual, except that ShelterCare shall be authorized and empowered to pay reasonable compensation for services rendered to it and to make payments and distributions in furtherance of its specific and primary purposes

Article 5 Distribution of Assets Upon Dissolution

The provisions for the distribution of the assets of ShelterCare upon dissolution or final liquidation are as follows. After payment of, or provision for payment of, all debts and liabilities of ShelterCare, the remaining assets shall be distributed by the Board of Directors to such other organization or organizations which are organized and operated exclusively for public or charitable purposes and which shall at the time qualify as an exempt organization or organizations under Section 501 (c) (3) of the Internal Revenue Code. Any such assets not so disposed of within a reasonable time by the board shall be disposed of by the Lane County Circuit Court, in the same manner

Article 6 Members

ShelterCare shall have no members. (ORS 65 317)

Article 7 Limitation of Liability of the Board of Directors

The directors and officers of ShelterCare, all of whom serve without compensation, shall not be personally liable to ShelterCare for monetary or other damages for conduct as a director, to the fullest extent permitted by current or future law limiting the liability of directors. (ORS 65 047(2)(c), 369)

Article 8 Indemnification of The Board of Directors

Consistent with ORS 65 391 (or the corresponding section of any future law), ShelterCare shall indemnify any person who is or was a director, officer, agent, or employee of ShelterCare, who is made or threatened to be made a party to or witness in any threatened, pending, or completed action or proceeding (civil, administrative, criminal, investigative, or otherwise), by reason of the fact that the person is or was a director, officer, agent, or employee of ShelterCare. (ORS 65 387 - 414)

Article 9 Registered Agent

The name of the registered agent is Susan Ban, located at 1790 West 11th Avenue, #290, Eugene, OR, 97402.

DEC-11-2001 TUE 10:25 AM LANE SHELTERCARE

FAX NO. 541 686 0359

P. 04

Lane ShelterCare, Inc. "

23-7115003

Article 10: Principal Office Address

The principal office of ShelterCare, to which notices may be mailed or served, is 1790 West 11th Avenue, #290, P. O. Box 23338, Eugene, OR, 97402

Article 11 Amendments

These Restated Articles of Incorporation may be amended or restated only by affirmative vote of not less than 75 percent of all directors then in office

Adopted by majority vote of the Board of Directors, on March 19, 2001


President, Board of Directors

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11\26\96

3/21/01

ee:\gmin\board\SPC4013-01 wpa

Application for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Type or
print
File by the
due date for
filing your
return. See
instructions

Name of Exempt Organization

SHELTERCARE

Employer Identification Number

23-7115003

Number, Street, and Room or Suite Number. If a P.O. Box, see instructions

P. O. Box 23338

City, Town or Post Office. For a foreign address, see instructions

Eugene, OR 97402

State ZIP Code

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

☒ Form 990☐ Form 990-T (corporation)☐ Form 4720☐ Form 990-BL☐ Form 990-T (Section 401(a) or 408(a) trust)☐ Form 5227☐ Form 990-EZ☐ Form 990-T (trust other than above)☐ Form 6069☐ Form 990-PF☐ Form 1041-A☐ Form 8870● If the organization does not have an office or place of business in the United States, check this box ☐● If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15, 20 02,

to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year 20 ____ or▶ ☒ tax year beginning 7/01, 20 00, and ending 6/30, 20 012 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0

c Balance Due Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0

Signature and Verification

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

Signature ▶

Title ▶

CPA

Date ▶

11/13/01

KFA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)