

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2001 calendar year or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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95871 *****AUTO**5-DIGIT 97402

SEELTERCARE

PO BOX 23338

EUGENE OR 97402-0427

P 111 I

B 36 R

S

D Employer identification number

23-7115003

E Telephone number

541-686-1262

F Accounting method

☐ Cash ☒ Accrual☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

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

H (b) If yes, enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If no, attach a list. See instructions.)

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

I Enter 4-digit group GEN ▶

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

G Web site: ▶ N/A

J Organization type (check only one)

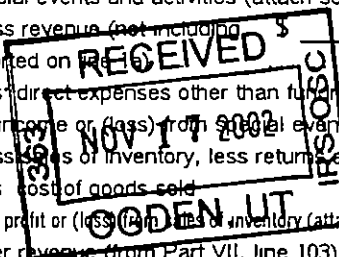
☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,687,393

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	212,491		
b	Indirect public support	1b	110,336		
c	Government contributions (grants)	1c	2,811,737		
d	Total (add lines 1a through 1c) (cash \$ 3,124,758 noncash \$ 9,806)	1d	3,134,564		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,365,956		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	13,390		
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) STATEMENT 1	4,885	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	-4,885	8c		
9	Special events and activities (attach schedule)	8d	-4,885		
a	Gross revenue (not including reported on line 8a) of contributions	9a	73,359		
b	Less direct expenses other than fundraising expenses	9b	30,493		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	42,866		
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	100,124		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,652,015		
13	Program services (from line 44, column (B))	13	5,008,857		
14	Management and general (from line 44, column (C))	14	396,816		
15	Fundraising (from line 44, column (D))	15	147,625		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	5,553,298		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	98,717		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,094,453		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-14,794		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,178,376		



Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	101,883		101,883	
26 Other salaries and wages	26	2,999,948	2,812,311	132,161	55,476
27 Pension plan contributions	27				
28 Other employee benefits	28	442,907	404,948	35,438	2,521
29 Payroll taxes	29	333,510	304,687	23,729	5,094
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	215,907	180,946	29,924	5,037
34 Telephone	34	50,155	40,507	7,119	2,529
35 Postage and shipping	35				
36 Occupancy	36	330,636	297,574	29,462	3,600
37 Equipment rental and maintenance	37	238,018	238,018		
38 Printing and publications	38	13,672			13,672
39 Travel	39	32,212	28,781	2,309	1,122
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	62,124	52,821	9,303	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	732,326	648,264	25,488	58,574
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D) carry these totals to lines 13 - 15	44	5,553,298	5,008,857	396,816	147,625

Joint Costs Check ☐ if you are following SOP 98 2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **EMERGENCY SHELTER & SUPPORT SERVICES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT 5			
(Grants and allocations \$ _____)			5,008,857
b			
(Grants and allocations \$ _____)			
c			
(Grants and allocations \$ _____)			
d			
(Grants and allocations \$ _____)			
e Other program services			
(Grants and allocations \$ _____)			
f Total of Program Service Expenses (should equal line 44, column (B), program services)			5,008,857

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non interest bearing	269,434	45	283,341	
	46 Savings and temporary cash investments	208,499	46	70,891	
	47 a Accounts receivable	47 a 579,314			
	b Less allowance for doubtful accounts	47 b 35,290	314,908	47 c	544,024
	48 a Pledges receivable	48 a 77,611			
	b Less allowance for doubtful accounts	48 b 8,826	129,946	48 c	68,785
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a Other notes & loans receivable (attach sch)	51 a			
	b Less allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		13,114	53	17,827
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments — land, buildings, & equipment basis	55 a			
	b Less accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments — other (attach schedule)		71,448	56	193,138	
57 a Land, buildings, and equipment basis	57 a 785,069				
b Less accumulated depreciation (attach schedule)	57 b 506,161	291,190	57 c	278,908	
58 Other assets (describe <u>STATEMENT 6</u>)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		1,298,539	59	1,456,914	
LIABILITIES	60 Accounts payable and accrued expenses	176,015	60	232,040	
	61 Grants payable		61		
	62 Deferred revenue	15,330	62	4,463	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)	10,354	64 b	8,697	
	65 Other liabilities (describe <u>SEE STATEMENT 7</u>)	2,387	65	33,338	
66 Total liabilities (add lines 60 through 65)	204,086	66	278,538		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	964,507	67	1,067,263	
	68 Temporarily restricted	129,946	68	111,113	
	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)	1,094,453	73	1,178,376	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,298,539	74	1,456,914	

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions)**

a	Total revenue, gains, and other support per audited financial statements	a	5,670,697	a	Total expenses and losses per audited financial statements	a	5,586,774
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments	\$	-14,794	(1)	Donated services and use of facilities	\$	33,476
(2)	Donated services and use of facilities	\$	33,476	(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Recoveries of prior year grants	\$		(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify)			(4)	Other (specify)		
	-----	\$			-----	\$	
	Add amounts on lines (1) through (4)	b	18,682		Add amounts on lines (1) through (4)	b	33,476
c	Line a minus line b	c	5,652,015	c	Line a minus line b	c	5,553,298
d	Amounts included on line 12, Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990	\$		(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)			(2)	Other (specify)		
	-----	\$			-----	\$	
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,652,015	e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,553,298

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule – see instructions

► ☐ Yes

☒ No

Part VI Other Information (See specific instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization <u>DH, INCORPORATED</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions	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 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?	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 on line 85f?	85g	N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	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 301.7701-3? 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 on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed <u>OREGON</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	172
91 The books are in care of <u>SHELTERCARE</u> Telephone number <u>541-686-1262</u> Located at <u>1790 W 11TH AVE, ST 290, EUGENE, OR</u> ZIP + 4 <u>97402</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SERVICE FEES					212,673
b					
c					
d					
e					
f Medicare/Medicaid payments					1,694,836
g Fees & contracts from government agencies					458,447
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	13,390	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-4,885	
101 Net income or (loss) from special events			1	42,866	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS INCOME			1	100,124	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				151,495	2,365,956
105 Total (add line 104, columns (B), (D), and (E))					2,517,451

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 instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	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 instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please 

Date 11/14/02

President, Board of Directors

Date Preparer's SSN or PTIN (see instructions)

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information – (See separate instructions.)

Supplementary Information — (see separate instructions)

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

OMB No. 1545-0047

2001

Name of the Organization

SHELTERCARE

Employer Identification Number

23-7115003

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(See 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
NONE				
Total number of other employees paid over \$50,000	0			

Part II	Compensation of the Five Highest Paid Independent Contractors for Professional Services
----------------	--

(See 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	

Yes	No
-----	----

- 1 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? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **► \$** N/A
- (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)**

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.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes" attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

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

- Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below)

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

Note 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.

Part IV Reason for Non-Private Foundation Status (See 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)
- 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)
- 11 a ☒ 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)
- 11 b ☐ 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 instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,646,727	1,350,094	1,313,306	1,169,735	5,479,862
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,638,011	2,349,596	2,241,495	1,753,343	8,982,445
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,322	188,332	167,585	151,332	533,571
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	4,311,060	3,888,022	3,722,386	3,074,410	14,995,878
24 Line 23 minus line 17	1,673,049	1,538,426	1,480,891	1,321,067	6,013,433
25 Enter 1% of line 23	43,111	38,880	37,224	30,744	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 120,269
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					26c 6,013,433
d Add Amounts from column (e) for lines 18 533,571 19 22					26d 533,571
e Public support (line 26c minus line 26d total)					26e 5,479,862
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.13 %
27 Organizations described on line 12 N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2000) (1999) (1998) (1997)					
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 from 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 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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?		
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?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
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?		
	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?		
	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?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
b Paid staff or management (include compensation in expenses reported on lines c through h)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

SHELTERCARE

Employer Identification Number

23-7115003

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990 PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions)

General Rule –

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules –

- ☐ For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990 Form 990-EZ, or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

SHELTERCARE

23-7115003

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FEDERAL FINANCIAL ASSISTANCE	\$ 608,316	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2	STATE & LOCAL FINANCIAL ASST	\$ 591,686	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
3	OTHER CONTRIBUTIONS	\$ 55,260	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
4		\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
5		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
6		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

SHELTERCARE

23-7115003

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	----- ----- -----	\$ <u>6,049</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>8</u>	----- ----- -----	\$ <u>10,788</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>9</u>	----- ----- -----	\$ <u>99,865</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u> </u>	----- ----- -----	\$ <u> </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u> </u>	----- ----- -----	\$ <u> </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u> </u>	----- ----- -----	\$ <u> </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is 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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990 EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

SHELTERCARE

23-7115003

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once – see instructions)

➤ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SHELTERCARE

23-7115003

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE 0
 COST OR OTHER BASIS 4,885

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -4,885

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -4,885

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

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SHELTERCARE AUCTION	73,359	0	73,359	30,493	42,866
TOTALS	<u>\$ 73,359</u>	<u>\$ 0</u>	<u>\$ 73,359</u>	<u>\$ 30,493</u>	<u>\$ 42,866</u>

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

UNREALIZED LOSS TOTAL \$ -14,794

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	29,087			29,087
CHILDRENS PROGRAM	5,619	5,619		
CLIENT ASSISTANCE & HAF	76,080	76,080		
FOOD	117,057	117,057		
LAUNDRY	14,183	14,183		
MENTAL HEALTH ALLOCATION		20,640	-20,640	
MISCELLANEOUS	18,084	6,353	9,135	2,596
PROFESSIONAL SERVICES	401,550	347,902	28,059	25,589
RECRUITING	12,321	12,166	60	95
TRAINING & MEETINGS	28,636	18,571	8,858	1,207
VOLUNTEER EXPENSE	29,709	29,693	16	
TOTAL	<u>\$ 732,326</u>	<u>\$ 648,264</u>	<u>\$ 25,488</u>	<u>\$ 58,574</u>

SHELTERCARE

23-7115003

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		3,993,291
SHELTERCARE PROVIDES LONG-TERM RESIDENTIAL SUPPORT PRINCIPALLY FOR MENTALLY AND EMOTIONALLY DISTURBED ADULTS		1,015,566
	<u>\$ 0</u>	<u>\$ 5,008,857</u>

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

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 195,178	\$ 131,635	\$ 63,543
FURNITURE AND FIXTURES	287,047	183,925	103,122
BUILDINGS	27,323	9,005	18,318
IMPROVEMENTS	270,133	181,596	88,537
LAND	5,388		5,388
TOTAL	<u>\$ 785,069</u>	<u>\$ 506,161</u>	<u>\$ 278,908</u>

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

CLIENT DEPOSIT PAYABLES	\$ 893
LEASE PAYABLE	32,445
TOTAL	<u>\$ 33,338</u>

SHELTERCARE

23-7115003

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	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
JIM DESMOND 5215 DONALD STREET 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

SHELTERCARE

23-7115003

STATEMENT 8 (CONTINUED)

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANNE MARIE LEVIS 1045 WILLAMETTE STREET EUGENE, OR 97401	MEMBER NONE	\$ 0	\$ 0	\$ 0
JUDY NEWMAN 299 EAST 18TH AVENUE EUGENE, OR 97401	MEMBER NONE	0	0	0
SUSAN BAN 1790 WE 11TH AVE, SUITE 290 EUGENE, OR 97402	EXECUTIVE DIR 40	53,596	1,072	0
ERIN BONNER 1790 WE 11TH AVE, SUITE 290 EUGENE, OR 97402	FISCAL DIR 40	48,287	966	0
TOTAL		<u>\$ 101,883</u>	<u>\$ 2,038</u>	<u>\$ 0</u>

SHELTERCARE

23-7115003

**BALANCE SHEET
UNRESTRICTED**

UNDESIGNATED		\$	704,125
BOARD DESIGNATED	CAPITAL RESERVE		170,000
BOARD DESIGNATED	ENDOWMENT FUND		193,138
TOTAL		\$	<u>1,067,263</u>

ASSET A/C#	Account Name		Beg Bal	Beg Assets	Additions	Disposals	Ending Balance
01 - FURNITURE & EQUIP -ADMIN							
Totals for ASSET A/C# 01	Cost		54 655 58	-	23 515 00	22,039 55	56,131 03
	Accum Depr		33,883 07	-	6 589 07	22 039 55	18 442 59
	Curr Depr		-	5 686 75	509 72	402 60	6,599 07
	Number		40	-	2	17	25
02 - FURNITURE & EQUIP -FAMILY							
Totals for ASSET A/C# 02	Cost		19 645 92	-	4 195 00	3 477 94	20 362 98
	Accum Depr		11 412 59	-	2 846 30	3 477 94	10 780 95
	Curr Depr		-	2 426 80	419 50	0 00	2 846 30
	Number		15	-	1	2	14
03 - FURNITURE & EQUIP-HAWTH							
Totals for ASSET A/C# 03	Cost		21 534 93	-	0 00	2 636 00	18,898 93
	Accum Depr		11 578 37	-	2 714 67	2 636 00	11 657 04
	Curr Depr		-	2 714 67	0 00	0 00	2 714 67
	Number		15	-	0	1	14
04 - FURNITURE & EQUIP - ROYAL							
Totals for ASSET A/C# 04	Cost		34 819 82	-	3 490 26	6 995 97	31 314 11
	Accum Depr		31 458 91	-	1 621 80	6 995 97	26 084 74
	Curr Depr		-	1 447 29	174 51	0 00	1 621 80
	Number		22	-	1	5	18
06 - FURNITURE & EQUIP-ULHORN							
Tota ASSET A/C# 06	Cost		16,141 76	-	0 00	1 734 99	14,406 77
	Accum Depr		16 134 11	-	7 85	1 734 99	14,406 77
	Curr Depr		-	7 65	0 00	0 00	7 65
	Number		16	-	0	2	14
07 - FURNITURE & EQUIP - SPC							
Totals for ASSET A/C# 07	Cost		4 890 92	-	3 000 00	0 00	7 890 92
	Accum Depr		1 689 20	-	919 77	0 00	2 608 97
	Curr Depr		-	819 77	0 00	0 00	919 77
	Number		4	-	1	0	5
08 - FURNITURE & EQUIP - GAR							
Totals for ASSET A/C# 08	Cost		4 950 55	-	0 00	0 00	4 950 55
	Accum Depr		826 85	-	1,265 44	0 00	2 092 29
	Curr Depr		-	1 265 44	0 00	0 00	1 265 44
	Number		3	-	0	0	3
10 - FURNITURE & EQUIP-BRETH							
Totals for ASSET A/C# 10	Cost		6 571 43	-	0 00	0 00	6,571 43
	Accum Depr		4 389 85	-	849 89	0 00	5 239 74
	Curr Depr		-	849 89	0 00	0 00	849 89
	Number		6	-	0	0	6
11 - FURNITURE & EQUIP - CRF							
Totals for ASSET A/C# 11	Cost		108,078 99	-	9,600 00	17,777 77	99 901 22
	Accum Depr		84,500 48	-	11,795 15	17,777 77	78,517 86
	Curr Depr		-	11 795 15	0 00	0 00	11,795 15
	Number		105	-	1	9	97
17 - FURNITURE & EQUIP - SHV							

Asset Summary Report - Sorted by - ASSET A/C#
Company ShelterCare

Date 06/30/02

Page 2

Date 09/13/02

ASSET A/C#	Account Name	Cost	Beg Bal	Beg Assets	Additions	Disposals	Ending Balance
Tota	ASSET A/C# 17	Cost	13 704 00	-	10 068 00	0 00	23,772 00
		Accum Depr	7 627 75	-	3 691 16	0 00	11,318 91
		Curr Depr	-	2 261 30	1,429 86	0 00	3 691 16
		Number	7	-	2	0	9
<hr/>							
18 - EQUIP/MAINTENANCE							
<hr/>							
Totals for	ASSET A/C# 18	Cost	2 847 00	-	0 00	0 00	2 847 00
		Accum Depr	2 485 25	-	289 40	0 00	2 774 65
		Curr Depr	-	289 40	0 00	0 00	289 40
		Number	3	-	0	0	3
<hr/>							
50 - LEASEHOLD IMPROV-BRETH							
<hr/>							
Totals for	ASSET A/C# 50	Cost	125,155 81	-	0 00	0 00	125 155 81
		Accum Depr	122 207 48	-	152 50	0 00	122 359 98
		Curr Depr	-	152 50	0 00	0 00	152 50
		Number	3	-	0	0	3
<hr/>							
51 - LEASEHOLD IMPROV-ADMIN							
<hr/>							
Totals for	ASSET A/C# 51	Cost	16,774 29	-	0 00	0 00	16 774 29
		Accum Depr	13 867 15	-	1 026 05	0 00	14 893 20
		Curr Depr	-	1 026 05	0 00	0 00	1 026 05
		Number	4	-	0	0	4
<hr/>							
52 - LEASEHOLD IMPROV-FAMILY							
<hr/>							
Totals for	ASSET A/C# 52	Cost	113 307 37	-	0 00	0 00	113 307 37
		Accum Depr	35,918 64	-	6 204 32	0 00	42 122 96
		Curr Depr	-	6 204 32	0 00	0 00	6 204 32
		Number	2	-	0	0	2
<hr/>							
53 - LEASEHOLD IMPROV - SAF							
<hr/>							
Totals for	ASSET A/C# 53	Cost	6,200 00	-	0 00	0 00	6 200 00
		Accum Depr	25 83	-	310 00	0 00	335 83
		Curr Depr	-	310 00	0 00	0 00	310 00
		Number	1	-	0	0	1
<hr/>							
54 - LEASEHOLD IMPROV - GAR							
<hr/>							
Totals for	ASSET A/C# 54	Cost	8 695 00	-	0 00	0 00	8 695 00
		Accum Depr	144 92	-	1 739 00	0 00	1 883 92
		Curr Depr	-	1 739 00	0 00	0 00	1 739 00
		Number	1	-	0	0	1
<hr/>							
60 - BUILDING & LAND - ROYAL							
<hr/>							
Totals for	ASSET A/C# 60	Cost	32,710 99	-	0 00	0 00	32 710 99
		Accum Depr	7 638 98	-	1,366 15	0 00	9 005 13
		Curr Depr	-	1 366 15	0 00	0 00	1 366 15
		Number	3	-	0	0	3
<hr/>							
70 - VEHICLES - CRF							
<hr/>							
Totals for	ASSET A/C# 70	Cost	27 915 50	-	0 00	0 00	27,915 50
		Accum Depr	27 752 54	-	162 98	0 00	27 915 50
		Curr Depr	-	162 98	0 00	0 00	162 98
		Number	2	-	0	0	2
<hr/>							
71 - VEHICLES - ADMIN							
<hr/>							
Totals for	ASSET A/C# 71	Cost	16,776 50	-	0 00	0 00	16,776 50
		Accum Depr	15 098 85	-	1 677 65	0 00	16 776 50
		Curr Depr	-	1 677 65	0 00	0 00	1 677 65
		Number	1	-	0	0	1

Asset Summary Report - Sorted by - ASSET A/C#

Company ShelterCare

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Date 09/13/02

ASSET A/C#	Account Name	Beg Bal	Beg Assets	Additions	Disposals	Ending Balance
72 -	LES - ROY					
Totals for ASSET A/C# 72	Cost	17 363 00	-	0 00	0 00	17,363 00
	Accum Depr	17 363 00	-	0 00	0 00	17,363 00
	Curr Depr		0 00	0 00	0 00	0 00
	Number	2	-	0	0	2
73 -	VEHICLES - UHL					
Totals for ASSET A/C# 73	Cost	51 757 96	-	0 00	0 00	51,757 96
	Accum Depr	23 341 29	-	6,557 69	0 00	29 898 98
	Curr Depr	-	6 557 69	0 00	0 00	6,557 69
	Number	2	-	0	0	2
74 -	VEHICLES - MAINT					
Totals for ASSET A/C# 74	Cost	28 282 31	-	0 00	0 00	28 282 31
	Accum Depr	13,748 39	-	3 736 46	0 00	17,484 85
	Curr Depr		3 736 46	0 00	0 00	3,736 46
	Number	7	-	0	0	7
75 -	VEHICLES - SPC					
Totals for ASSET A/C# 75	Cost	15,970 00	-	0 00	0 00	15 970 00
	Accum Depr	4 791 00	-	3 194 00	0 00	7 985 00
	Curr Depr		3 194 00	0 00	0 00	3 194 00
	Number	1	-	0	0	1
76 -	VEHICLES - FSH					
Totals for ASSET A/C# 76	Cost	1,800 00	-	0 00	0 00	1 800 00
	Accum Depr	426 67	-	320 00	0 00	746 67
	Curr Depr	-	320 00	0 00	0 00	320 00
	Number	1	-	0	0	1
77 -	VEHICLES - BRE					
Totals for ASSET A/C# 77	Cost	3 805 00	-	0 00	0 00	3 805 00
	Accum Depr	1,522 00	-	761 00	0 00	2 283 00
	Curr Depr		761 00	0 00	0 00	761 00
	Number	1	-	0	0	1
79 -	VEHICLES - GAR					
Totals for ASSET A/C# 79	Cost	31,708 00	-	0 00	0 00	31 708 00
	Accum Depr	4 839 73	-	6 341 60	0 00	11 181 33
	Curr Depr	-	6 341 60	0 00	0 00	6 341 60
	Number	2	-	0	0	2
Grand Totals	Cost	785,862 63	-	53,868 26	54,662 22	785 068 67
	Accum Depr	494,672 90	-	66 149 68	54 662 22	506,160 36
	Curr Depr	-	63 213 49	2 533 59	402 60	66 149 68 *
	Number	269	-	8	36	241

Additional Summary Statistics for Assets

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum Depr	Current Depreciation	Ending Accum Depr	Net Book Val
Grand Totals for all assets	839,730 89	0 00	801,897 73	494,672 90	66 149 68	560,822 58	278,908
Less Inactive Assets	32,445 00	0 00	0 00	0 00	0 00	0 00	32,445
Disposed Assets	54 662 22	0 00	54,662 22	54,259 62	402 60	54 662 22	0
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0
Net (Active Assets)	752 623 67	0 00	747 235 51	440 413 28	65 747 08	506,180 38	246,463

* TAX Return is Net of \$4,026 Allocated to Repairs