Form

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2006 Open to Public Inspection

Α	For the	e 2006 calendar year, or tax year beginning $7/01/06$, and ending $6/30/0$	7		
В		f applicable Please C Name of organization use IRS		•	oyer identification number
닏	Address	s change	ļ		-1758441
	Name cl				phone number 0. 501 _ 1007
	Initial re	turn type. Number and street (or PO box if mail is not delivered to street address) 14 Walworth Street	Room/suite		8-581-1097 unting method: Cash
\Box	Final ret	Specific Specific		F Acco	~
Π		Instructions. Saratoga Springs NY 12866		ACCII	uai Other (specify)
H		Costing EM/sV2) arrangetons and 4047(sV4) arrangement aboutable. Higher	e not applicable to sect	ion 527 ora:	anizations I
Ш	Applicat	trusts must ottoch a completed Schodule A (Form 990 or 990 EZ)	this a group return for	_	Yes X No
G	Websit		"Yes," enter number of		>
J	Organi	ization type H(c) A	e all affiliates included	?	Yes No
	(check	only one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	"No," attach a list. See instr	ructions)	
Κ	Check h	nere In the organization is not a 509(a)(3) supporting organization and its gross	this a separate return	filed by an	
	receipts	are normally not more than \$25,000. A return is not required, but it the organization chooses	ganization covered by		ng? Yes No
	to file a	return, be sure to life a complete return	roup Exemption Nu		
			heck ▶ X if the		
<u></u>	Gross i		attach Sch B (Form (See the instruc		J-EZ, or 990-PF)
	1		See the mstruc	Tions.)	
	í	Contributions, gifts, grants, and similar amounts received Contributions to donor advised funds		1 1	
	a b	Contributions to donor advised funds Direct public support (not included on line 1a) 1b	106,77	<u> </u>	
	c	Indirect public support (not included on line 1a) 1c	<u> </u>	1	
	d	Government contributions (grants) (not included on line 1a) 1d	356,599	9 l	
	l e	Total (add lines 1a through 1d) (cash \$ 463, 374 noncash \$)	1e	463,374
9	₽ 2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	115,739
0000	₽ 3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	721
		Dividends and interest from securities		5	
N I	6a	Gross rents 6a		4 1	
_	b	Less rental expenses 6b		4	
\mathcal{Q}	C	Net rental income or (loss) Subtract line 6b from line 6a		6c	
jet Jet	7	Other investment income (describe		7	
ě	8a	Gross amount from sales of assets other (A) Securities	(B) Other	\dashv \vdash	
Samenten		than inventory Less cost or other basis and sales expenses 8b	 _	\dashv \vdash	
S	b c	Less cost or other basis and sales expenses Gain or (loss) (attach schedule) 8c		┥ ╽	
	1 4	Net gain or (loss) Combine line 8c, columns (A) and (B)	<u> </u>	84	
	9	Special events and activities (attach schedule) If any amount is from gaming , check here	7		
	a	Gross revenue (not including \$ of	_		
		contributions reported on line 1b) 9a	72,820		
	b	Less direct expenses other than fundraising expenses 9b	8,98	3	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9с	63 , 837
	10a	Gross sales of inventory, less returns and allowances 10a		4	
	b	Less cost of goods sold		4	
	C	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c	2 (20
	11	Other revenue (from Part VII, line 103) RECEIVED		11	2,620 646,291
_	12	Total revenue. Add lines 16, 2, 3, 4, 5, 00, 7, 00, 30, 100, and 11		12	386,377
Se	13	Program services (from line 44, column (B)) Management and general (from line 44, column (C)) MAY 0 6 2008	IRS-OSC	13	71,755
Expenses	15	Fundraising (from line 44, column (D))	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	15	11,133
ă.	16	Developed to a filtrate (attack and da)		16	
ш	17	Total expenses Add lines 16 and 44, column (A)	1	17	458,132
ţ	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	188,159
SSe	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	439,267
Net Assets	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	627,426
For	Privaction	y Act and Paperwork Reduction Act Notice, see the separate			Form 990 (2006)
DAA	١.				- /

P		s must co	mplete column (A) Co	lumns (B), (C), and (D)	are required for section	n 501(c)(3) and (4)
	T unctional Expenses	ina section	1 4947(a)(1) nonexemp		optional for others (See	
	Do not include amounts reported on line		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.	+		- Services	and general	
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here	22a				
22t	Other grants and allocations (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach	1 1				
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25a	Compensation of current officers, directors,		İ			
	key employees, etc listed in Part V-A (attach	_				
	schedule)	25a				
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B (attach					
	schedule)	25b				
С	: Compensation and other distributions, not included above, to	1 1				
	disqualified persons (as defined under section 4958(f)(1)) and	_				
	persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salanes and wages of employees not included		212 203	165,581	46,702	
	on lines 25a, b, and c	26	212,283	100,001	40,702	
27	Pension plan contributions not included on		2 150	1,677	473	
	lines 25a, b, and c	27	2,150	<u> </u>	1/3	
28	Employee benefits not included on lines		13,479	10,514	2,965	
	25a – 27	28	20,334	15,861	4,473	
	Payroll taxes	29	20,334	10,001	- 1/1/5	
	Professional fundraising fees	30				
	Accounting fees	31				
	Legal fees	32	2,922	2,192	730	
	Supplies	34	5,147	3,860	1,287	
	Telephone	35	1,102	827	275	
	Postage and shipping	36	16,475	14,828	1,647	
	Occupancy	37	1,647	<u> </u>	1,647	····
	Equipment rental and maintenance	38	906	680	226	
	Printing and publications	39	1,302	1,302		
	Travel	40	1/302			
	Conferences, conventions, and meetings	41	3,424	3,424		
41	Interest Depreciation, depletion, etc (attach schedule)	42	8,792	7,913	879	
	Other expenses not covered above (itemize)	\ -~ +				
	O Chahamamt 1	43a	168,169	157 , 718	10,451	
a t		43b				
,		43c	-			
	; d	43d				
		43e				
٩		43f				
	_	43g				
	g Total functional expenses. Add lines 22a	734				
44	·					
	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines	44	458,132	386 , 377	71,755	(
	int Costs. Check ▶ if you are following SOP 98-2	44	300/102	300,311	/ _ /	
	e any joint costs from a combined educational campaign and	d fundraise	na solicitation renorted	Lin (B) Program service	es?	▶ ☐ Yes X No
		u iuiiuiaisi	In the arrow	nt allocated to Program se		
	Yes," enter (i) the aggregate amount of these joint costs \$			nt allocated to Fundraising		<u> </u>
7111	лие аттоити апосатей то манадетнент апи депегат Ф		, und first the amou	singulation to a differentiality		Form 990 (2006

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

programs and accomplishing					y
What is the organization's pr		97			Program Service
of clients served, publication	be their exempt purposisissued, etc. Discuss	achievements that are i	ear and concise manner State the number not measurable (Section 501(c)(3) and (4) the amount of grants and allocations to others)		Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a Provide for	od and shel ome individ	ter for the	homeless and assistance cessary and emergency		-
(Grants and allocations	\$.)	If this amount includes foreign grants, check here	>	386,377
b					
(Grants and allocations	\$)	If this amount includes foreign grants, check here	▶ □	
(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u>▶ </u>	
(Grants and allocations	\$)	If this amount includes foreign grants, check here	▶	
e Other program services	(attach schedule)				
(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u> </u>	
f Total of Program Servi	ce Expenses (should	equal line 44, column (B), Program services)	<u> </u>	<u>386,377</u>
					Form 990 (2006

P	art IV	Balance Sheets (See the instructions.)				
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only	the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing		123,665	45	216,549
	46	Savings and temporary cash investments	-		46	
	470	Accounts receivable	47a 11,457			
		Less allowance for doubtful accounts	47b	8,286	47c	11,457
	ь	Less allowance for doubtful accounts	470		7/0	11/10/
	48a	Pledges receivable	48a			
		Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable	100	66,658	49	52,878
	50a	Receivables from current and former officers, directors,	trustees, and			
	304	key employees (attach schedule)			50a	
	h	Receivables from other disqualified persons (as defined	under section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att schedul	, , , , , ,		50ь	
	51a	Other notes and loans receivable (attach	· '			
	0.1	schedule) See Worksheet	51a 284,8 <u>15</u>			
ets	Ь	Less allowance for doubtful accounts	51b	134,519	51c	284,815
Assets	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	ľ	8,231	53	12,458
	54a	Investments—publicly-traded securities	Cost FMV		54a	
	b	Investments—other securities (attach schedule)	Cost FMV		54b	
	55a	Investments-land, buildings, and				
		equipment basis	55a			
	b	Less accumulated depreciation (attach				
]	schedule)	55b		55c	
	56	Investments-other (attach schedule)	1 1 100 000		56	
	57a	Land, buildings, and equipment basis	57a 196,983			
	b	Less accumulated depreciation (attach	00 000	220 104		116,000
		schedule) See Statement 3	57b 80,983	329,104	57c	116,000
	58	Other assets, including program-related investments		_		
		(describe	,	670,463	58 59	694,157
	59	Total assets (must equal line 74) Add lines 45 through	58	34,061	60	49,849
	60	Accounts payable and accrued expenses		24,001	61	47,047
	61	Grants payable	ee Statement 4	93,076		16,882
	62		1	<u> </u>	02	10,002
ties	63	Loans from officers, directors, trustees, and key employ schedule)	ees (allacii		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)			64a	<u></u>
Ľ	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe See Statemen	it 5	1,504	65	
	"		,			
	66	Total liabilities. Add lines 60 through 65		128,641	66	66,731
	Orga		ind complete lines			
	-	67 through 69 and lines 73 and 74				
S	67	Unrestricted		439,267	67	627,426
ž	68	Temporarily restricted			68	
3ala	69	Permanently restricted			69	
절	Orga	nizations that do not follow SFAS 117, check here	▶ and			
Net Assets or Fund Balances		complete lines 70 through 74				
ŏ	70	Capital stock, trust principal, or current funds		70		
ets	71	Paid-in or capital surplus, or land, building, and equipme		71		
Ass	72	Retained earnings, endowment, accumulated income, of	or other funds		72	<u> </u>
let.	73	Total net assets or fund balances (add lines 67 throu	gh 69 or lines			
Z		70 through 72 (Column (A) must equal line 19 and colu				
		equal line 21)	439,267		627,426	
	74	Total liabilities and net assets/fund balances. Add lii	nes 66 and 73	567,908	74	694,157

Forn	990 (2006)	Shelters of Saratoga, Inc.	14-1758441		Page 5
P	art IV-A	Reconciliation of Revenue per Audited Fi instructions.)	nancial Statements With Revenue	per Return (S	ee the
a	Total revenu	e, gains, and other support per audited financial statemer	nts	а	646,291
b	Amounts inc	luded on line a but not on Part I, line 12			
1	Net unrealize	ed gains on investments			
2	Donated ser	vices and use of facilities	b2		
3	Recovenes of	of prior year grants	b3		
4	Other (specif	fy)			
			b4		
	Add lines b1	through b4		ь	
С	Subtract line	b from line a		С	646,291
d	Amounts inc	luded on Part I, line 12, but not on line a:			
1	Investment e	expenses not included on Part I, line 6b	d1		
2	Other (specif	fy)			
		•	d2	1	
	Add lines d1	and d2		d l	
е	Total revenu	ue (Part I, line 12) Add lines c and d		▶ e	646,291
P	art IV-B	Reconciliation of Expenses per Audited F	inancial Statements With Expense	s per Return	
а	Total expens	ses and losses per audited financial statements		a	458,132
b	Amounts inc	luded on line a but not Part I, line 17			_ =
1	Donated ser	vices and use of facilities	b1		
2	Prior year ad	ljustments reported on Part I, line 20	b2		
3	Losses repo	rted on Part I, line 20	b3		
4	Other (specif	fy)			
	Add lines b1	through b4		ь	
С	Subtract line	b from line a		С	458,132
d	Amounts inc	luded on Part I, line 17, but not on line a:			
1	Investment e	expenses not included on Part I, line 6b	d1] [
2	Other (specif	fy)		1 1	
			d2		
	Add lines d1	and d2		d	
Δ.	Total expen	eas (Part Lline 17) Add lines a and d			458 132

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Nam	e and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Rebecca Cronin	Saratoga Springs	President			
34 Walworth Street	NY 12866	0	0	0	0
David Macdonald	Saratoga Springs	Vice-Preside			
34 Walworth Street	NY 12866	0	0	0	0
Victoria Vetsch	Saratoga Springs	Treasurer			
34 Walworth Street	NY 12866	0	. 0	0	0
Chantel Couture	Saratoga Springs	Secretary			
34 Walworth Street	NY 12866	0	. 0	0	0
Sherry Hoffman	Saratoga Springs	Director			
34 Walworth Street	NY 12866	0	_0	_0	0
Jennifer Austin	Saratoga Springs	Director			
34 Walworth Street	NY 12866	0	0	0	0
Brad Armstrong	Saratoga Springs	Director		-	1
34 Walworth Street	NY 12866	0	0		
Kara Wojdyla	Saratoga Springs	Director			
34 Walworth Street	NY 12866	0	0	0	0
Richard Totino	Saratoga Springs	Director			
34 Walworth Street	NY 12866	0	0	l 0	l 0

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Form	990 (2006) Shelters of Saratoga, Inc.	14-175	8441			F	age 6
Pa	rt V-A Current Officers, Directors, Trustees, and Key Em	ployees (continu	ed)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on o meetings	rganization business at	board				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part	V-A, or highest compen	sated				
	employees listed in Schedule A, Part I, or highest compensated professional ar						
	contractors listed in Schedule A, Part II-A or II-B, related to each other through	family or business					
	relationships? If "Yes," attach a statement that identifies the individuals and exp	plains the relationship(s)		75b		X
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part						
	compensated employees listed in Schedule A, Part I, or highest compensated p						
	independent contractors listed in Schedule A, Part II-A or II-B, receive compens organizations, whether tax exempt or taxable, that are related to the organization		for				
	the definition of "related organization"	on one the mondedone	101		75c	1	Х
	If "Yes," attach a statement that includes the information described in the instru	ctions					
d	Does the organization have a written conflict of interest policy?				75d	l	X
	rt V-B Former Officers, Directors, Trustees, and Key Em	ployees That Rec	eived Com	pensation or Ot	her B	enef	its
	(If any former officer, director, trustee, or key employee received of				year,	list tha	it
	person below and enter the amount of compensation or other bene	efits in the appropriate of			(1	=\ =	
	(A) Name and address	(B) Loans and Advances	(if not paid,	(D) Contributions to employ benefit plans & deferred	acc	E) Expount an	d other
			enter -0-)	compensation plans	+-	allowar	ces
N/F							
					-		
			1				
						_	
					ŀ		
					- -	_	
			<u> </u>		-		
					+-		
					+-		
Pa	rt VI Other Information (See the instructions.)				_ <u></u> _	Yes	No
76	Did the organization make a change in its activities or methods of conducting a	ictivities? If "Yes," attac	n a				l
	detailed statement of each change				76	ļ	X
77	Were any changes made in the organizing or governing documents but not rep	oorted to the IRS?			77	ļ	X
	If "Yes," attach a conformed copy of the changes						
78a	Did the organization have unrelated business gross income of \$1,000 or more	during the year covered	by by				Х
	this return?				78a	┼	$\vdash \triangle$
- b	If "Yes," has it filed a tax return on Form 990-T for this year?	ng the year? If "Ves " at	tach		78b	 	
79	Was there a liquidation, dissolution, termination, or substantial contraction duri a statement	ng me year in res, a	llacii		79		X
80a	Is the organization related (other than by association with a statewide or nation	nwide organization) thro	ugh				
	common membership, governing bodies, trustees, officers, etc., to any other e organization?	xempt or nonexempt			80a		Х
b	If "Yes," enter the name of the organization						
~		eck whether it is	exempt or	nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions)	_	81a	· · · · · · · · · · · · · · · · · · ·			
b	Did the organization file Form 1120-POL for this year?	·			81b	<u> </u>	X
					For	m 99 0	(2006)

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	990 (2006) Shelters of Saratoga, Inc. 14-175844	11			age 7
	rt Vi Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				Х
	or at substantially less than fair rental value?		82a		$\overline{}$
b	If "Yes," you may indicate the value of these items here. Do not include this				İ
	amount as revenue in Part I or as an expense in Part II	2b			ĺ
00-	(See instructions in Part III) Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	Х	I
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
b 84a	Did the organization comply with the disclosure requirements relating to quit pro-quo sontineations Did the organization solicit any contributions or gifts that were not tax deductible?	,	84a		X
b b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
J	gifts were not tax deductible?	N/A	84b		ĺ
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a	1	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		
~	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	n			
	received a waiver for proxy tax owed for the prior year				İ
С		5c			ĺ
d		5d			l
e		5e			ĺ
f		5f			ĺ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		<u> </u>
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?	N/A	85h		<u> </u>
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	6a			
b	Gross receipts, included on line 12, for public use of club facilities	6b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	7a			
b	Gross income from other sources (Do not net amounts due or paid to other				
	Sources against amounts are or received ment and y	7b			
88a	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				v
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		X_
b		•	001		Х
	meaning of section 512(b)(13)? If "Yes," complete Part XI	•	88b		<u> </u>
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	0			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶	O			
b	501(c)(3) and 501(c)(4) orgs 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		89ь	l	Х
_	a statement explaining each transaction Enter Amount of tax imposed on the organization managers or disqualified		000		╁
С	persons during the year under sections 4912, 4955, and 4958	▶ 0			
	Enter Amount of tax on line 89c, above, reimbursed by the organization	0			
d	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
е	transaction?		89e		Х
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contra	act?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	5			
	at any time during the year?		89g		X
90a	List the states with which a copy of this return is filed NY				
b	Number of employees employed in the pay period that includes March 12, 2006 (See				
	instructions)	90b			8
91a	The books are in care of Nancy Lamb	Telephone no ▶ 518-	-581	-10	197
	-				
	Located at ▶ Saratoga Springs,	ZIP+4 ▶ 12866			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authori	ty			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		_	Yes	No
	account)?		91b		X
	If " Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank				
	and Financial Accounts	 	<u> </u>	000	0 (2006

	Pg 9 .	No. Shelters of Sa	aratoga Ind	-	1 / _ 1 ′	758441		D 0
	art VI	Other Information (cor		··	14-1	730441		Page 8 Yes No
		ime during the calendar year, did th		an office out	side of the United S	States?		91c X
		enter the name of the foreign cour	_	,				(3.3)
92	Section	4947(a)(1) nonexempt charitable tr	rusts filing Form 990 in l	lieu of Form	1041- Check here			▶ [
		er the amount of tax-exempt interes	=				▶ 92	
P	art VII	Analysis of Income-Pro	oducing Activities	(See the	instructions.)			
Note	e: Enter gi	ross amounts unless otherwise		Unrelate	d business income	Excluded	by section 512, 513, or 514	_ (E)
ındıc	ated			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	Related or exempt function
93	_	n service revenue	<u> </u>		Amount	code	Amount	income
a	<u>Pro</u>	ogram Service Rev	enue					<u>97,660</u>
b						16	18,079	
C								
q						_		
6						_		
f		e/Medicaid payments	_					
9		d contracts from government agen	cies					
94		ship dues and assessments		<u> </u>			701	
95		on savings and temporary cash inv	estments			14	721	
96		ds and interest from securities	_					
97		al income or (loss) from real estate	· -					
a		anced property	-					
b ne		-financed property			<u></u>			
98 99		al income or (loss) from personal p vestment income	Горепту		_			
100		(loss) from sales of assets other th	an inventori					
101		ime or (loss) from special events	an inventory			- 	63,837	
102		rofit or (loss) from sales of inventor	, -			╌┼╌╧┤	03,037	
103	-	evenue a						
b						1	2,620	
c			1				2,020	
d								
9								
104	Subtota	(add columns (B), (D), and (E))				0	85,257	97,660
105	Total (a	dd line 104, columns (B), (D), and	(E))				•	182,917
<u>No</u> te	: Line 10	5 plus line 1e, Part I, should equal t	he amount on line 12, F	Part I				
Pa	art VIII	Relationship of Activiti	ies to the Accomp	lishment	of Exempt Purp	poses (S	ee the instructions	s.)
L	ine No.	Explain how each activity for w					ntly to the accomplishm	ent
	▼	of the organization's exempt p						
<u> </u>	3a	Program fees red	ceived for p	<u>orovidi</u>	<u>ng housin</u>	g to t	ne	·
		homeless						<u> </u>
			· · · · · · · · · · · · · · · · · · ·					
	. 137	<u> </u>			 			,
<u> </u>	art IX	Information Regarding (A)	Taxable Subsidia	iries and L	Oisregarded En (C)	itities (Se	ee the instructions	(E)
١		dress, and ÉIN of corporation,	Percentage of	١ ١	lature of activities		(D) Total income	End-of-year
		ship, or disregarded entity	ownership interest	0/				assets
	N/A	1	 	%				
			 	%				
			 	%				
p.	art X	Information Regarding	Transfers Associ		Personal Rene	fit Contra	cts (See the inst	ructions)
		e organization, during the year, rec						Yes X No
(b) Did th	e organization, during the year, pay	y premiums, directly or	indirectly, on		•	Sonom contract.	Yes X No
—	TOLE. II T	es" to (b), file Form 8870 and Forr	ir 4120 (See manuchons	<u> </u>				Form 990 (2006)

Form 990 (200	6) Shelters of Sarato	ga, Inc.	14-1758441			Page 9
Part XI	Information Regarding Transfe	ers To and From Controlle		ly if the or	ganization	
	is a controlling organization as	defined in section 512(b)(1	13).			
					Yes	No_
	e reporting organization make any transfers t		section 512(b)(13) of			_v
the Co	ode? If "Yes," complete the schedule below fo		(C)		 - - - - - - - - 	<u> </u>
	(A) Name, address, of each	(B) Employer ID	(C) Description of		(D)	
l.	controlled entity	Number	transfer		Amount of t	ransfer
 					 	
<u>_</u>						
"						
-					1	
Ь						
				-		
c						
					 	
	Totals					
					1	T
					Yes	No No
	e reporting organization receive any transfer					X
512(B	(13) of the Code? If "Yes," complete the sch (A)	(B)	(C)		L	Λ.
	رم) Name, address, of each	Employer ID	Description of		(D)	
	controlled entity	Number	transfer		Amount of t	ransfer
<u> </u>				· · · · · · · · · · · · · · · · · · ·		
a						
				<u></u>	<u> </u>	
ь						
_	·		-		 	
ļ						
c					1	
						
	Totals					
		1			Ye	s No
108 Did the	e organization have a binding written contrac	t in effect on August 17, 2006, cov.	ering the interest		10.	110
	royalties, and annuities described in question	. •	oming the marcot,			
1011101	Under penalties of periury. I declare that I have e	examined this return, including accompar	nying schedules and statements, and	to the best of m	ny knowledge	
DI	and belief, it is true, correct, and complete Decla	ration of preparer (other than officer) is	based on all information of which pre	parer has any ki	nowledge	
Please	Tobacco from			<u> </u>	1-08	
Sign Here	Signature of officer			Date		
пеге	Rebecca L. Cronin	Previous of B	sard			
	Type or print name and title					
Doid	Preparer's	=======================================	Date Check self-	ıf	Preparer's SSN ((See Gen Instr.)	X)
Paid Preparer's	signature		4/29/08 employ	ed 🕨	049-54-	<u>5962</u>
Use Only	Firm's name for yours	& LaFiura, CPA's	P.C.	EIN	<u> 14-181</u>	<u> 1306</u>
OSE OILLY	ıf self-employed), 13 Cent	er Street		Phone		
	address, and ZIP + 4	alls, NY 12801		no 🏲 !	518 - 745-	7076

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

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

	Shelters	of S	Saratoga, Inc.		14-1/584	41	
Part I	Compensation of the Five Highest Paid Employ (See page 2 of the instructions. List each one. If				rs, and Trustees		
	(a) Name and address of each employee paid more than \$50,000		(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben pla & deferred con	ns account & other	
NONE							
					 	<u> </u>	
		-+					
Fatal acceptance	father amplement and over \$50,000						
Part II-A	f other employees paid over \$50,000 Compensation of the Five Highest Paid Indeper	ndent	Contractors for Pro	fessional Sei	vices		
	(See page 2 of the instructions. List each one (w	vhethe	<u>r individuals or firm</u>	s). If there are	none, ente		
.	(a) Name and address of each independent contractor paid more than	an \$50,000)	(b) Type of s	ervice	(c) Compensation	
NONE			-				
				· —			
Total number of	of others receiving over \$50,000 for						
professional se	Compensation of the Five Highest Paid Independent	<u>▶</u>	Contractors for Ot	nor Convious	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Part II-B	(List each contractor who performed services of	ther tha	an professional ser	vices, whether	r individual:	s or	
	firms. If there are none, enter "None." See page			·			
	(a) Name and address of each independent contractor paid more that	an \$50,000	0	(b) Type of s	ervice	(c) Compensation	
NONE							
		. <u>-</u>					
				<u>. </u>			
	of other contractors receiving over						
\$50,000 for oth	ner services	<u> </u>					

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

Schedule A (Form 990 or 990-EZ) 2006

Sche	edule A (Form 990 or 990-EZ) 2006 Shelters of Saratoga, Inc. 14-1758441		F	age 2
Pa	Statements About Activities (See page 2 of the instructions.)		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 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	1		Х
	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)			
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		Х
С	Furnishing of goods, services, or facilities?	2c		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е	Transfer of any part of its income or assets?	2e		Х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	_ 3b		Х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	_4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4 <u>c</u>		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<u>.</u>		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0	l
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)								
cert 5	tify th	nat the organization is not a private foundation be A church, convention of churches, or association	•	• • • • • • • • • • • • • • • • • • • •	ox)				
6		A school Section 170(b)(1)(A)(ii) (Also comple	te Part V)						
7		A hospital or a cooperative hospital service orga	anization 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)								
116		A community trust Section 170(b)(1)(A)(vi) (Als	so 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization Type I Type II Type III-Functionally Intergrated Type III-Other								
		Provide the following inform	nation about the suppor	ted organizations. (Se	e page 7 of the	instructions)			
		(a)	(b)	(c)	1	±)	(e)		
		Name(s) of supported organization(s)	Employer	Type of		ipported	Amount of		
			identification	organization	organizatio	_	support		
			number (EIN)	(described in lines 5 through 12	organia	pporting			
				above or IRC	_	documents?			
				section)	governing (
					Yes	No			
				<u> </u>					
	_								
									
Tota						•			
 14		An organization organized and operated to test	for public safety Section	509(a)(4) (See page 7	of the instructi	ons)			

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

	: You may use the worksheet in the instruction			(c) 2003	(d) 2002	(a) Total					
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(a) 2002	(e) Total					
15	Gifts, grants, and contributions received (Do	250 025	327,761	407,482	370 102	1 472 260					
	not include unusual grants. See line 28.)	358 , 825	321,101	407,402	378 , 192	1,472,260					
16	Membership fees received					<u> </u>					
17	Gross receipts from admissions, merchandise										
	sold or services performed, or furnishing of										
	facilities in any activity that is related to the	100 100	110 010	117 400	107 200	1.61 004					
	organization's charitable, etc., purpose	126,123	110,212	117,490	107,269	461,094					
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 \$11 taxes) from businesses acquired	000	0.47	0.01	100	1 520					
	by the organization after June 30, 1975	293	247	801	189	1,530					
19	Net income from unrelated business					0					
	activities not included in line 18					0					
20	Tax revenues levied for the organization's										
	benefit and either paid to it or expended on					•					
	ıts behalf					0					
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					0					
22	Other income Attach a schedule Do not include gain or (loss) from			ļ							
	sale of capital assets Stmt 6	3,244	1,068	505 550	105 650	4,312					
23_	Total of lines 15 through 22	488,485	439,288	525,773	485,650	1,939,196					
<u>24</u>	Line 23 minus line 17	362,362	329,076		378,381	1,478,102					
<u> 25</u>	Enter 1% of line 23	4,885	4,393	5 , 258	4,857						
26	Organizations described on lines 10 or	11: a Enter 2% of a	amount in column (e), l	ine 24	▶ 26a	29,562					
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 2002 through 2005 exceeded the										
	amount shown in line 26a Do not file thi	s list with your return.	Enter the total of all the	ese excess amounts	▶ 26b						
С	Total support for section 509(a)(1) test E				▶ 26c	1,478,102					
d	Add Amounts from column (e) for lines	$\frac{18}{22}$ $\frac{1}{4}$	<u>530</u> 19		_						
		224,	<u>312</u> 26b		▶ 26d	5,842					
е	Public support (line 26c minus line 26d to	al)			▶ 26e	1,472,260					
f	Public support percentage (line 26e (n				▶ 26f	99.6048%					
27	Organizations described on line 12:	a For amounts include	led in lines 15, 16, and	17 that were received f	rom a "disqualified						
	person," prepare a list for your records to	show the name of, and	total amounts received	l in each year from, eac	h "disqualified person "	1-					
	Do not file this list with your return. En	ter the sum of such amo	ounts for each year			N/A					
	(2005) (2	(004)	(2003))	(2002)						
b	For any amount included in line 17 that wa	as received from each p	erson (other than "disc	jualified persons"), prep	are a list for your record	ds to					
	show the name of, and amount received f	or each year, that was r	nore than the larger of	(1) the amount on line	25 for the year or (2) \$5	5,000					
	(Include in the list organizations described	d in lines 5 through 11b,	as well as individuals)	Do not file this list wi	th your return. After co	omputing					
	the difference between the amount receiv	ed and the larger amou	nt described in (1) or (2	2), enter the sum of thes	se differences (the exce						
	amounts) for each year					N/A					
	(2005) (2	2004)	(2003))	(2002)						
С	Add Amounts from column (e) for lines	15	16								
	17	20	21		▶ 27c						
d	Add Line 27a total	and line 27b	total		▶ 27d						
е	Public support (line 27c total minus line 2	7d total)			▶ 27e	·····					
f	Total support for section 509(a)(2) test E	nter amount from line 23	3, column (e)	▶ 27f							
g	Public support percentage (line 27e (n	umerator) divided by l	ine 27f (denominator))	▶ 27g	%					
h	Investment income percentage (line 18	, column (e) (numerat	or) divided by line 271	(denominator))	▶ 27h	%					
28	Unusual Grants: For an organization des	scribed in line 10, 11, or	12 that received any u	nusual grants during 20	02 through 2005,						
	prepare a list for your records to show, for										
	description of the nature of the grant Do										

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

28 Does the organization have a readily nondecommalopy policy toward students by statement in at a charter, bylaws, other governing instrument, or in a resolution of this governing body? 30 Does the organization include a statement of its reality nondecommatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 13 Has the organization include a statement of its reality nondecommatory policy through newspaper or throadcast 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 increase in a glant of the general community, tiesvers? 14 Has the organization maintain the following 25 Peace of a command of the student of the student body, foculty, and administrative staff? 26 Records documenting that schodiships and other francial assistance are awarded on a racelly nondecommatory bass? 27 Copes of all adiatogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and schodiships? 27 Copes of all ameterial used by the organization or on its behalf to solicit contributions? 28 If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 29 Students' rights or privileges? 20 Scholarships or other financial assistance? 20 Scholarships or other financial assistance? 21 Sudents' rights or privileges? 22 Julies of facilities? 23 Julies of facilities? 23 Julies of facilities? 24 Atteletic programs? 25 Other extracurroular activities? 26 If you answered "Yes" to other 540 or its, please explain utility ou need more space, attach a separate statement) 28 Julies of facilities? 29 Atteletic programs? 29 Atteletic programs? 20 Julies of facilities? 20 Julies of facilities? 21 Julies of facilities? 22 Julies of facilities? 23 Julies of facilities? 24 Does the organization receiv		(10 be completed ONLY by schools that checked the box on line 6 in Fart IV)			
30 Does the organization include a statement of its racally nondiscriminatory policy toward students in all its brochurs. Catalogues, and five miller communications with the public dealing with student admissions, programs, and scholarships? 21 His the degenization publicated its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period of it has in solicitation programs, me way that makes the policy through inexpaper or broadcast media during the period of solicitation for students, or during the registration period of it has in solicitation program, me way that makes the policy forms of the general community it serves? 22 Does the organization maintain the following a Records indicating the racial composition of the student body, foculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racialty nondiscriminatory basis? 32b Records documenting that scholarships and other financial assistance are awarded on a racialty nondiscriminatory basis? 32c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholariships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 32d I 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 33c Employment of faculty or administrative staff? 33d Scholariships or other financial assistance? 33d Scholariships	29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/P		Yes	No
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 11 Has the organization publicized is 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 is serves? 12 Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 22 Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 23 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 23 Records documenting that scholarships and other mineral assistance are awarded on a racially nondiscriminatory basis? 24 Copies of all catalogues, binchures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 25 Copies of all material used by the organization or on its behalf to solicit contributions? 26 If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 27 Period of scholarships or other financial assistance? 28 Scholarships or other financial assistance? 29 Affection provideges? 30 Affection figulity or administrative staff? 31 Use of facilities? 32 If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 38 Period of facilities? 39 Affection programs? 30 Other extracumoular activities? 31 If you answered "Yes" to a financial aid or assistance from a governmental agency? 33 If you answered "Yes" to a financial aid or assistance from a governmental agency? 39 If you answered "Yes" to a financial aid or assistance from a governmental agency? 30 Period from		other governing instrument, or in a resolution of its governing body?	29	ļ	
programs, and schlarships? 1 Has the organization publicated its racially nondiscriminatory policy through newspaper or broadcast media during the penod of solicitation for students, or during the registration penod if it has no solicitation program, in a way that makes the policy known to all parts of the general community it series? 1	30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
131 Has the organization publicized its racially nondiscriminatory poley through newspaper or broadcast media during the period of solicitation for students, or during the registration period in this in 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.) 22 Does the organization maintain the following 23 Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32c Copies of all material used by the organization or on its behalf to solicit contributions? 33c Copies of all material used by the organization or on its behalf to solicit contributions? 33d 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 33 Students' rights or privileges? 33a Admissions policies? 33b Admissions policies? 33c Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Scholarships or other financial assistance? 33d Scholarships or other financial assistance? 33d Scholarships or other financial assistance? 33d Other extracurricular activities? 33f Use of facilities? 33f Athletic programs? 33g Athletic programs? 34a Does the organization receive any financial aid or assistance from a governmental agency? 34b Has the organization sight to such aid ever been revoked or suspended? 34c Johnsoner of "es" to aither 34a or b, please explain using an attached statement.		brochures, catalogues, and other written communications with the public dealing with student admissions,			
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Ch		ongs to an affiliated grou				ecked "a" and "limit		ol" provisions apply
		on Lobbying Expen				(a) Affiliated group totals		(b) To be completed for all electing
_	(The term "expen	ditures" means amounts	paid or incurred)					organizations
36	Total lobbying expenditures to influence	ce public opinion (grassro	ots lobbying)		36			
37	Total lobbying expenditures to influence	ce a legislative body (dire	ct lobbying)		37			
38	Total lobbying expenditures (add lines	36 and 37)			38			
39	Other exempt purpose expenditures				39	·		
40	Total exempt purpose expenditures (a	dd lines 38 and 39)			40	·		<u></u>
41	Lobbying nontaxable amount Enter th	e amount from the follow	ing table-					
	If the amount on line 40 is-	The lobbying no	ontaxable amount is-	_				
	Not over \$500,000	20% of the amount		ł				
	Over \$500,000 but not over \$1,000,000		of the excess over \$500,0					
	Over \$1,000,000 but not over \$1,500,000	•	of the excess over \$1,000		41			
	Over \$1,500,000 but not over \$17,000,000	•	of the excess over \$1,500,	000				
43	Over \$17,000,000	\$1,000,000		لـ	4.		1	
	Grassroots nontaxable amount (enter Subtract line 42 from line 36 Enter -0-	•	o 26		42			
	Subtract line 41 from line 38 Enter -0-				44			
•	Subtract line 41 Hoff line 36 Effer -0-	Thine 41 is more than an	c 50					
	Caution: If there is an amount on eith	er line 43 or line 44, vou i	must file Form 4720					
_			aging Period Und	ler Sectio	n 501	(h)		
	(Some organiza	tions that made a section					s below	
_		See the instructions for						
			Lobbuing Evn	ndituras Di	urina A	-Year Averaging Pe	riod	
		 	··_ ·· ·· ··					
	Calendar year (or	(a)	(b)	(6	-	(d) 2003	1	(e)
	fiscal year beginning in)	2006	2005	20	04	2003		Total
45	Lobbying nontaxable amount							
	Lobbying ceiling amount (150% of							
	line 45(e))						.	
47	Total lobbying expenditures							
<u></u>	rotal lobbying experiences							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of						İ	
	line 48(e))							
50	Grassroots lobbying expenditures							
	Part VI-B Lobbying Activi	ty by Nonelecting F		5		` ' 2		
		nly by organizations) (See page 13	of the	instructions) N/P
	ring the year, did the organization attem				any	Yes	No	Amount
	empt to influence public opinion on a leg	gislative matter or referen	dum, through the use	ot		}	 	
a				anaccah h l		 -	 	
b		compensation in expense	s reported on lines c ti	rrougn n.)		} -	 	
d		the nublic				 	 	
e	· · · · · · · · · · · · · · · · · ·	•					 	
f								
g	.	• • •	ls, or a legislative body	1		_	 	
9 h		=	=			<u> </u>	T^{\dagger}	
i			, 2:,	- •				
_	If "Yes" to any of the above, also att	= :	detailed description of	the lobbying	activiti	es		

Pane	7
-aue	•

Part VII	nformation Regarding Transfers To and Transactions and Relationships With Noncharita	able
	Exempt Organizations (See page 13 of the instructions.)	

Pa	art VII		_	insfers To and Transaction ee page 13 of the instruction	s and Relationships With Noncharitable	3		
51	Did the reno				th any other organization described in section			
٠.			-) organizations) or in section 527, re				
а				oncharitable exempt organization of		1	Yes	No
	(i) Cash		51a(i)		Х			
		assets				a(ii)		Χ
b	Other transa	actions						
	(i) Sales	or exchanges of asset	s with a nonc	charitable exempt organization		b(i)		X
	(ii) Purch	ases of assets from a r	noncharitable	e exempt organization		b(ii)		X
	(iii) Renta	il of facilities, equipmen	it, or other as	sets		b(iii)	<u> </u>	X
		bursement arrangemen	ts			b(iv)	<u> </u>	X
		s or loan guarantees				b(v)		X
	 (vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 					b(vi)		X
C	_				(h) should always show the fair market value of the	<u> </u>	L	
d				_	n (b) should always show the fair market value of the tion received less than fair market value in any			
	_			jumn (d) the value of the goods, oth				
_	(a)	(b)	t, snow in coi	(c)	(d)			
	Line no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharing	arrangem	ents	
	· 							
N	/A							
					<u> </u>			
		<u> </u>	ļ					
			ļ <u>.</u>					
			 					
			<u> </u>		 			
		 	 					
			 					
			 					
		 	 					
		 	 		 			
_		 			 			
522	Is the organ	ization directly or indire	ctly affiliated	with, or related to, one or more tax-	exempt organizations			
JZA	_			han section 501(c)(3)) or in section		• 🗍 v	es 🛭	No
b		nplete the following sch		11a/1 3001011 00 1(0)(0)/, 01 111 3001011	-	·	_	
	11_100,_001	(a)		(b)	(c)			
	!	Name of organization		Type of organization	Description of relationship			
	N/A							
				L				
					<u> </u>			
				 	 			
								
				<u> </u>	 			
		- <u></u> -	<u>-</u> -		 			
					 			
								
—				 	 			

				0000			
Form 99	90	For calendar vear	2006, or tax year begin	nning	7/01/06 , and endi	ng 6/30/07	2006
lame							ntification Number
Shelte	rs of	Saratoga	Inc.		·- <u></u>	14-175	8441
			(A)	(B)	(C)	Others	Total
Gross receipts Less contrib Gross revenu Less direct Net income (le	outions e expenses		27,196 0 27,196 8,783 18,413	16,675 0 16,675 0 16,675	15,000 0 15,000 0 15,000	13,949 0 13,949 200 13,749	72,820 0 72,820 8,983 63,837
Description	(A)	<u>Taste</u>	of Saratoga				
	(B)	One Fi	ne Day		_		
	(C)	<u>Mardi</u>	Gras				
	Others		Special Eve	nts			

1312 Pg 19 .						
Forms 990 / 990-PF	Oth	ner Notes an	nd Loans Receiv	able	1	2006
990/990-PF	For calendar year 2006, or to	ax vear beginning	7/01/06	, and ending	6/30/07	2000
Name					Employer Ide	ntification Number
Shelters of S	Saratoga, Inc.				14-1758	3441
				•		
Form 990, Par	ct IV, Line 51a	- Additi	onal Informat	10n		
	Name of borrower			Relationship to	disqualified person	
(1) Loan Receiv	vable					
(2)						
(5)						
(6) (7)						
(8)						
(9)						
(10)					<u> </u>	
Original amount borrowed	Date of loan	Maturity date	R	epayment terms		Interest rate
(1)						
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
Sac	curity provided by borrower			Purpose	e of loan	
(1)	unty provided by borrower			, dipod	, , , , , , , , , , , , , , , , , , , 	· ·
(2)						
(3)					-	
(4)						
(5)						
(6)						
(7) (8)						
(9)						
(10)						
			Balance due at	Balance due	at Ea	ır market value
	ation furnished by lender		beginning of year	end of yea	ar	(990-PF only)
(1)			134,519	284	4,815	 -
(2)						
(4)						
(5)						
(6)				ļ		
(7)				 		
(8)				 		
(9)				 		

134,519

Totals

284,815

14-1758441

Federal Statements

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Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	<u></u>	Total Expenses	_	Program Service	_	Mgt & General	Fund- Raising
	\$		\$		\$		\$
Expenses							
Advertising		418				418	
Assistance to Individuals		137,245		137,245			
Dues & Subscriptions		726				726	
Insurance		16,831		15,148		1,683	
Payroll Processing Fees		1,762				1,762	
Professional Fees		5,862				5,862	
Project Sponsorship Expenses		1,744		1,744			
Shelter Food Supplies		1,226		1,226			
Shelter House Supplies		2,355	_	2,355	_		
Total	\$	168,169	\$_	157,718	\$_	10,451	\$ 0

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Federal Statements

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Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

The organization provides food and shelter for the homeless.

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Federal Statements

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Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description							
		Beginning of Year	Accum Deprec	_	End of Year	_	Accum Deprec
Buildings & Improvements	ć	403,717 \$	02 060	ċ	165 506	ć	56,979
Equipment	Ş	403,717 \$	83,868	Ą	165,526	Ą	36,979
_qu_p	_	30,557	21,302		31,457		24,004
Total	\$ <u></u>	434,274 \$	105,170	\$_	196,983	\$_	80,983

Statement 4 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	E	Beginning of Year	 End of Year
Deferred Revenue	\$	93,076	\$ 16,882
Total	\$	93,076	\$ 16,882

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year		End of Year		
Security Deposits	\$	1,504	\$		
Total	\$	1,504	\$	0	

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Statement 6 - Schedule A, Part IV-A, Line 22 - Other Income

Description	 2005		2004	2	2003	 2002
Other Income	\$ 3,244	\$_	1,068	\$		\$
Total	\$ 3,244	\$	1,068	\$	0	\$ 0

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

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

OMB No 1545-0172

2006

Identifying number Name(s) shown on return Shelters of Saratoga, Inc. 14-1758441 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 108.000 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 430,000 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2006 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property year placed in (business/investment use period only-see instructions) 19a 3-year property 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25-year property 25 vrs Residential rental 27 5 yrs MM S/L property 27 5 yrs ММ S/L ММ S/L Nonresidential real 39 yrs property ММ S/L Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year мм S/L 40 yrs 40-year Part IV Summary (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 153 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. 23 For assets shown above and placed in service during the current year, 23 enter the portion of the basis attributable to section 263A costs