

990

# 2006

**Open to Public Inspection**

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

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions

01-18-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2006)

Form 990 (2006)

SCANNED JAN 22 2008

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 5</b> <b>25a</b>	132,542.	0.	132,542.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	3,572,364.	3,209,058.	293,706.	69,600.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>	110,473.	96,196.	12,106.	2,171.
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	524,928.	477,759.	40,968.	6,201.
<b>29</b> Payroll taxes <b>29</b>	272,703.	238,661.	28,604.	5,438.
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>				
<b>32</b> Legal fees <b>32</b>				
<b>33</b> Supplies <b>33</b>	225,418.	162,949.	31,107.	31,362.
<b>34</b> Telephone <b>34</b>	50,436.	42,437.	5,930.	2,069.
<b>35</b> Postage and shipping <b>35</b>				
<b>36</b> Occupancy <b>36</b>	381,025.	340,569.	33,256.	7,200.
<b>37</b> Equipment rental and maintenance <b>37</b>				
<b>38</b> Printing and publications <b>38</b>				
<b>39</b> Travel <b>39</b>	38,509.	30,230.	7,719.	560.
<b>40</b> Conferences, conventions, and meetings <b>40</b>	34,541.	27,288.	6,904.	349.
<b>41</b> Interest <b>41</b>	6,528.	6,528.		
<b>42</b> Depreciation, depletion, etc (attach schedule) <b>42</b>	61,866.	52,118.	9,748.	
<b>43</b> Other expenses not covered above (itemize) <b>a</b> <b>43a</b> <b>b</b> <b>43b</b> <b>c</b> <b>43c</b> <b>d</b> <b>43d</b> <b>e</b> <b>43e</b> <b>f</b> <b>43f</b> <b>g</b> <b>SEE STATEMENT 4</b> <b>43g</b>	984,902.	980,263.	6,040.	<1,401.>
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	6,396,235.	5,664,056.	608,630.	123,549.

**Joint Costs.** Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 25,226. ; (ii) the amount allocated to Program services \$ 25,226. ;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>SHELTERCARE PROVIDED EMERGENCY SHELTER, SUPPORT SERVICES AND MENTAL HEALTH PROGRAMS FOR 100 HOMELESS FAMILIES WITH CHILDREN. SHELTERCARE HELPED THEM FIND WORK, LOCATE STABLE HOUSING, LINK WITH OTHER COMMUNITY RESOURCES AND DEVELOP MONEY MANAGEMENT STRATEGIES TO PREVENT FUTURE HOMELESSNESS.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>4,700,331.</u>
<b>b</b> <u>SHELTERCARE PROVIDED LONG-TERM RESIDENTIAL SUPPORT AND MENTAL HEALTH SERVICES FOR 38 LOW INCOME INDIVIDUALS WHO HAVE SURVIVED A BRAIN INJURY AND FOR 600 ADULTS WITH SEVERE AND PERSISTENT MENTAL ILLNESS.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>963,725.</u>
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<u>5,664,056.</u>

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	711,333.	161,373.
	46 Savings and temporary cash investments	103,494.	427,436.
	47 a Accounts receivable	47a 479,912.	
	b Less: allowance for doubtful accounts	47b 24,049.	47c 455,863.
	48 a Pledges receivable	48a 26,995.	
	b Less: allowance for doubtful accounts	48b 2,940.	48c 24,055.
	49 Grants receivable	234,507.	49 416,926.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	49,870.	53 42,644.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 1,804,681.		
b Less: accumulated depreciation STMT 7	57b 623,007.	57c 1,181,674.	
58 Other assets, including program-related investments (describe ▶ )		58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,787,389.	59 2,709,971.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	362,212.	60 438,775.
	61 Grants payable		61
	62 Deferred revenue	3,000.	62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 8	1,697.	64b 558,110.
	65 Other liabilities (describe ▶ SEE STATEMENT 9 )	6,194.	65 3,682.
	66 <b>Total liabilities.</b> Add lines 60 through 65	373,103.	66 1,000,567.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	1,373,151.	67 1,632,530.
	68 Temporarily restricted	41,135.	68 76,874.
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,414,286.	73 1,709,404.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,787,389.	74 2,709,971.	





**Part VI Other Information** (continued)

Yes No

82 a	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	32,295.	
83 a	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	
84 a	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	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
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 a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
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.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶ OR			
b	Number of employees employed in the pay period that includes March 12, 2006	90b	186	
91 a	The books are in care of ▶ SHELTERCARE Telephone no. ▶ 541-686-1262			
	Located at ▶ 1790 W. 11TH AVE, STE. 290, EUGENE, OR ZIP + 4 ▶ 97402			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities** (See the 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>SERVICE FEES</b>					310,248.
b					
c					
d					
e					
f Medicare/Medicaid payments					1,089,751.
g Fees and contracts from government agencies					3,221,343.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	39,290.	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<935.>	
101 Net income or (loss) from special events					102,270.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>UBI</b>	811000	3,837.			
b <b>MISCELLANEOUS INCOME</b>					45,813.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		3,837.		38,355.	4,769,425.
105 Total (add line 104, columns (B), (D), and (E))					4,811,617.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the 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).

SEE STATEMENT 13

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the 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 the instructions.)

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

Yes

X No

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

Yes

X No

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	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.	
	Signature of officer <i>Peggy A. Renkert</i> Type or print name and title <b>Peggy A. Renkert, Secretary</b>	Date <b>12-11-2007</b>
Paid Preparer's Use Only	Preparer's signature <i>GARY ISKRA</i> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>ISLER CPA, LLC</b> <b>1976 GARDEN AVENUE</b> <b>EUGENE, OR 97403</b>	Date <b>12/4/07</b> Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. X) <b>P00051776</b> EIN <b>20-4723636</b> Phone no. <b>541-342-5161</b>

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

Department of the Treasury  
Internal Revenue Service

**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.)**

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

OMB No 1545-0047

**2006**

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**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>BARBARA FOSTER</b> <b>PO BOX 23338, EUGENE, OR 97402</b>	<b>NURSE</b> <b>40.00</b>	<b>58,877.</b>	<b>2,944.</b>	

Total number of other employees paid over \$50,000 ▶

**0**

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services ▶

**0**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of other contractors receiving over \$50,000 for other services ▶

**0**

**Part III** **Statements About Activities** (See page 2 of the instructions.)**Yes** **No**

<b>1</b> 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 ► \$ _____ \$ <u>2,170.</u> (Must equal amounts on line 38, Part VI-A, or line j of Part VI-B.) <b>VI-B, LINE I</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.	<b>1</b>	<b>X</b>	
<b>2</b> 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.)			
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3 a</b> 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.)	<b>3a</b>		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>	
<b>c</b> 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	<b>3c</b>		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		<b>X</b>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		<b>X</b>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year			<b>0</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			<b>0.</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the 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			<b>0.</b>
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that 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.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and 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 Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,695,231.	2,057,627.	1,432,451.	1,462,953.	6,648,262.
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	4,684,817.	4,350,253.	3,871,934.	4,189,477.	17,096,481.
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	32,601.	29,436.	40,218.	5,513.	107,768.
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	6,412,649.	6,437,316.	5,344,603.	5,657,943.	23,852,511.
24 Line 23 minus line 17	1,727,832.	2,087,063.	1,472,669.	1,468,466.	6,756,030.
25 Enter 1% of line 23	64,126.	64,373.	53,446.	56,579.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 135,121.
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 this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,756,030.
d Add: Amounts from column (e) for lines: 18 107,768. 19					26d 107,768.
22 26b					26e 6,648,262.
e Public support (line 26c minus line 26d total)					26f 98.4049%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: 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: N/A					
(2005) (2004) (2003) (2002)					
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 11b, 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: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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.)	<b>31</b>	
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> 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.)	<b>32d</b>	
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>	
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2006

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)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**N/A****36** Total lobbying expenditures to influence public opinion (grassroots lobbying)**37** Total lobbying expenditures to influence a legislative body (direct lobbying)**38** Total lobbying expenditures (add lines 36 and 37)**39** Other exempt purpose expenditures**40** Total exempt purpose expenditures (add lines 38 and 39)**41** Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

**42** Grassroots nontaxable amount (enter 25% of line 41)**43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period****N/A**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

**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
	<b>X</b>	
<b>X</b>		
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
<b>X</b>		2,170.
	<b>X</b>	
		2,170.

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

**SEE STATEMENT 16**

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

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

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

N/A

[illegible]

- ☐ Yes ☒ No

- N/A

[illegible]

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

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

OMB No 1545-0172

**2006**

Attachment  
Sequence No **67**

**SHELTERCARE**

**FORM 990 PAGE 2**

**23-7115003**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 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)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	61,866.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	61,866.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2006 tax year:


**43** Amortization of costs that began before your 2006 tax year **43**

**44** Total. Add amounts in column (f) See the instructions for where to report **44**

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
ABANDONDED FIXED ASSETS	VARIOUS	06/30/07	PURCHASED	

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
ABANDONDED	0.	37,056.	0.	36,121.	<935.>
TO FM 990, PART I, LN 8		37,056.	0.	36,121.	<935.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
HOUSE WARMING AUCTION	199,800.		199,800.	97,530.	102,270.
TO FM 990, PART I, LINE 9	199,800.		199,800.	97,530.	102,270.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
PY ENDOWMENT CONTRIBUTIONS TRANSFERRED TO SHELTERCARE FOUNDATION IN CY	<7,720.>
TOTAL TO FORM 990, PART I, LINE 20	<7,720.>

FORM 990

OTHER EXPENSES

STATEMENT

4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CHILDRENS PROGRAM	2,162.	2,162.		
PROFESSIONAL				
SERVICES	306,986.	242,689.	58,294.	6,003.
LAUNDRY	28,759.	28,759.		
MISCELLANEOUS	15,240.	5,336.	7,769.	2,135.
VOLUNTEER EXPENSE	40,985.	34,837.	6,148.	
MENTAL HEALTH				
ALLOCATION	0.	57,069.	<57,069.>	
FOOD	128,470.	128,470.		
RECRUITING	19,375.	15,475.	2,213.	1,687.
CLIENT ASSISTANCE	132,450.	132,206.	244.	
INSURANCE	53,424.	50,999.	2,425.	
REPAIRS AND				
MAINTENANCE	257,038.	257,022.	16.	
EDUCATION MATERIALS				
ALLOCATION	13.	25,239.	<14,000.>	<11,226.>
TOTAL TO FM 990, LN 43	984,902.	980,263.	6,040.	<1,401.>

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FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	5
	PART II, LINE 25A		

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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ERIN BONNER	58,887.	2,944.		61,831.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	58,887.			58,887.
C. FUNDRAISING				

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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUSAN BAN	73,655.	3,683.		77,338.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	73,655.			73,655.
C. FUNDRAISING				

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TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				132,542.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				132,542.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	6
	PART III		

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## EXPLANATION

SHELTERCARE PROVIDES HOUSING AND SUPPORT SERVICES TO FAMILIES WHO ARE HOMELESS AND TO ADULTS WHO SUFFER WITH MENTAL ILLNESS OR AN ACQUIRED BRAIN INJURY. SHELTERCARE HELPS MOVE PEOPLE TOWARD GREATER LEVELS OF INDEPENDENCE AND STABILITY.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	58,435.	0.	58,435.
BUILDING	977,459.	28,326.	949,133.
LEASEHOLD IMPROVEMENTS	299,452.	229,416.	70,036.
EQUIPMENT AND FURNISHINGS	202,256.	145,794.	56,462.
VEHICLES	267,079.	219,471.	47,608.
TOTAL TO FORM 990, PART IV, LN 57	1,804,681.	623,007.	1,181,674.

FORM 990	MORTGAGES PAYABLE	STATEMENT	8
DESCRIPTION		BALANCE DUE	
PACIFIC CONTINENTAL BANK		558,110.	
OMHS / MHDDSD		0.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		558,110.	

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
CLIENT DEPOSITS AND OTHER LIABILITIES		3,682.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		3,682.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
HOUSE WARMING AUCTION EXPENSE		97,530.	
INCREASE IN SHELTERCARE FOUNDATION'S NET ASSETS		94,899.	
LOSS ON DISPOSITION OF FIXED ASSETS		935.	
TOTAL TO FORM 990, PART IV-A		193,364.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
HOUSE WARMING AUCTION EXPENSE		97,530.
LOSS ON DISPOSITION OF FIXED ASSETS		935.
TOTAL TO FORM 990, PART IV-B		98,465.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ERIN BONNER P.O. BOX 23338 EUGENE, OR 97402	ASSISTANT EXECUTIVE DIRECTOR 40.00	58,887.	2,944.	0.
SUSAN BAN P.O. BOX 23338 EUGENE, OR 97402	EXECUTIVE DIRECTOR 40.00	73,655.	3,683.	0.
CHRISTINE NESBIT P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
ED NECKER P.O. BOX 23338 EUGENE, OR 97402	PAST PRESIDENT 1.00	0.	0.	0.
PEGGY RENKERT P.O. BOX 23338 EUGENE, OR 97402	SECRETARY/TREAS 1.00	0.	0.	0.
JIM DESMOND P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
MELINDA GRIER P.O. BOX 23338 EUGENE, OR 97402	VICE PRESIDENT 1.00	0.	0.	0.

## SHELTERCARE

23-7115003

JEFF HOYT P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
RALPH SALTUS P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
JOHN VAN LANDINGHAM P.O. BOX 23338 EUGENE, OR 97402	PRESIDENT 1.00	0.	0.	0.
ANNE MARIE LEVIS P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
JUDY NEWMAN P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
SANDRA SCHEETZ P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
ANDY HALPERN P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
PAT WALSH P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
LINDA GARBER P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.
HAL BROWN P.O. BOX 23338 EUGENE, OR 97402	MEMBER 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A	132,542.	6,627.	0.
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FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 13
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	SERVICE FEES/MEDICARE/MEDICAID PAYMENTS AND GOVERNMENT CONTRACTS ARE USED TO ASSIST HOMELESS, MENTALLY OR EMOTIONALLY DISTURBED, AND HEAD INJURED ADULTS IN REHABILITATION AND TRANSITIONAL LIVING SITUATIONS.
103	MISCELLANEOUS REVENUE IS USED TO TO ASSIST HOMELESS, MENTALLY OR

STATEMENT(S) 12, 13

EMOTIONALLY DISTURBED, AND HEAD INJURED ADULTS IN REHABILITATION AND  
TRANSITIONAL LIVING SITUATIONS.

101 NET INCOME FROM SPECIAL EVENTS IS USED TO ASSIST HOMLESS, MENTALLY OR  
EMOTIONALLY DISTURBED, AND HEAD INJURED ADULTS IN REHABILITATION AND  
TRANSITIONAL LIVING SITUATIONS.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 14
	PART III, LINE 2C	

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PAT WALSH, A BOARD MEMBER OF SHELTERCARE, IS ALSO AN OWNER OF THE ULUM GROUP, A COMPANY THAT PROVIDES EDUCATIONAL AND LOBBYING SERVICES. SHELTERCARE PAID \$2,170 TO THE ULUM GROUP FOR THEIR SERVICES.

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 15

SEE FORM 990, PART V

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SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT 16
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STAFF VISITED LEGISLATORS TO INFLUENCE LEGISLATION RELATED TO SUPPORT SERVICES FOR HOMELESS FAMILIES AND ADULTS WITH MENTAL ILLNESS OR BRAIN INJURIES. ULUM GROUP PREPARED A POSITION PAPER DETAILING THE EFFECTS OF LEGISLATION.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>SHELTERCARE</b>	Employer identification number <b>23-7115003</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 23338</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>EUGENE, OR 97402</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **SHELTERCARE**  
Telephone No. ► **541-686-1262** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2006)