

EXTENSION ATTACHED

Form **990**

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)

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOJOURNER HOUSE, INC.		D Employer identification number 25-1737004
		Number and street (or P O box if mail is not delivered to street address) Room/suite 5460 PENN AVENUE		E Telephone number 412-441-7783
		City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15206		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		G Website: SOJOURNERHOUSEPA.ORG		
J Organization type (check only one): <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates: N/A H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number: N/A		
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		M Check <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)		
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 924,100.				

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received											
	a Contributions to donor advised funds	1a										
	b Direct public support (not included on line 1a)	1b	18,482.									
	c Indirect public support (not included on line 1a)	1c	70,141.									
	d Government contributions (grants) (not included on line 1a)	1d										
	e Total (add lines 1a through 1d) (cash \$ 88,623. noncash \$)	1e	88,623.									
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	783,534.									
	3 Membership dues and assessments	3										
	4 Interest on savings and temporary cash investments	4	426.									
	5 Dividends and interest from securities	5	18,344.									
	6 a Gross rents	6a										
	b Less rental expenses	6b										
c Net rental income or (loss). Subtract line 6b from line 6a	6c											
7 Other investment income (describe)	7											
	8 a Gross amount from sales of assets other than inventory	<table border="1"> <tr> <th>(A) Securities</th> <th>(B) Other</th> </tr> <tr> <td>15,791.</td> <td>8a</td> </tr> <tr> <td>15,573.</td> <td>8b</td> </tr> <tr> <td>218.</td> <td>8c</td> </tr> </table>		(A) Securities	(B) Other	15,791.	8a	15,573.	8b	218.	8c	
	(A) Securities	(B) Other										
	15,791.	8a										
	15,573.	8b										
	218.	8c										
	b Less cost or other basis and sales expenses											
	c Gain or (loss) (attach schedule)											
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d	218.									
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	14,457.									
b Less direct expenses other than fundraising expenses	9b	8,926.										
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	5,531.										
10 a Gross sales of inventory, less returns and allowances	10a											
b Less cost of goods sold	10b											
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c											
11 Other revenue (from Part VII, line 103)	11	2,925.										
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	899,601.										
Expenses	13 Program services (from line 12, column (B))	13	689,832.									
	14 Management and general (from line 12, column (C))	14	212,168.									
	15 Fundraising (from line 12, column (D))	15	8,998.									
	16 Payments to affiliates (attach schedule)	16										
	17 Total expenses. Add lines 13 and 14, column (A)	17	910,998.									
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-11,397.									
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	861,853.									
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	13,626.										
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	864,082.										

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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
22a 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"/>	22a			
22b 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"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5	25a 69,525.	2,100.	67,425.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c 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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 398,372.	398,372.		
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 78,519.	70,186.	8,333.	
29 Payroll taxes	29 52,690.	44,989.	7,701.	
30 Professional fundraising fees	30			
31 Accounting fees	31 48,137.		48,137.	
32 Legal fees	32			
33 Supplies	33 16,131.	8,149.	4,917.	3,065.
34 Telephone	34 11,630.	7,650.	3,980.	
35 Postage and shipping	35 6,004.		2,811.	3,193.
36 Occupancy	36 30,593.	30,593.		
37 Equipment rental and maintenance	37 21,657.	17,876.	3,781.	
38 Printing and publications	38			
39 Travel	39 1,642.	661.	981.	
40 Conferences, conventions, and meetings	40 2,924.		2,924.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 48,638.	36,104.	12,534.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 124,536.	73,152.	48,644.	2,740.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 910,998.	689,832.	212,168.	8,998.

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 ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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? ►		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
RESIDENTIAL DRUG AND ALCOHOL TREATMENT FACILITY		
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.)		
a CLIENT SERVICES PROVIDES A COMPREHENSIVE ARRAY OF SERVICES INCLUDING COUNSELING, TREATMENT AND SPIRITUALITY GROUPS, ON-SITE NARCOTICS AND ALCOHOLICS ANONYMOUS, LIFE SKILLS TRAINING AND PARENTING EDUCATION.		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		689,832.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		689,832.

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
Assets	45 Cash - non-interest-bearing	351.	352.
	46 Savings and temporary cash investments	268,693.	165,225.
	47 a Accounts receivable	224,702.	
	b Less: allowance for doubtful accounts	2,961.	
		203,250.	221,741.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	5,911.	7,707.
	54 a Investments - publicly-traded securities		
b Investments - other securities			
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other	SEE STATEMENT 6	170,043.	195,998.
57 a Land, buildings, and equipment: basis	1,164,107.		
b Less: accumulated depreciation	STMT 7 602,247.	610,500.	561,860.
58 Other assets, including program-related investments (describe SEE STATEMENT 8)	31,531.	181,642.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,290,279.	1,334,525.	
Liabilities	60 Accounts payable and accrued expenses	124,671.	101,113.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	STMT 9 STMT 10 301,080.	363,798.
	65 Other liabilities (describe SEE STATEMENT 11)	2,675.	5,532.
66 Total liabilities. Add lines 60 through 65	428,426.	470,443.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	861,853.	864,082.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	861,853.	864,082.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,290,279.	1,334,525.

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?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	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?		
	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?		
	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		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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
90 a	List the states with which a copy of this return is filed PA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	30
91 a	The books are in care of FINANCIAL MANAGER Telephone no 412-441-7783		
	Located at 5460 PENN AVENUE, PITTSBURGH, PA ZIP + 4 15206		
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 PROGRAM SERVICE REVENUE					783,534.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	426.	
96 Dividends and interest from securities			14	18,344.	
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					218.
101 Net income or (loss) from special events			01	5,531.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			41	2,925.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		27,226.	783,752.
105 Total (add line 104, columns (B), (D), and (E))					810,978.

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)

93A MEDICAL FEES AND CONTRACTS WITH GOVERNMENTAL ENTITIES
ARE GENERATED FROM SERVICES PROVIDED AS A RESIDENTIAL
TREATMENT FACILITY AND ARE INTEGRAL TO THE CONTINUED
PROVISION OF SERVICES.

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☒ No

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

☐ Yes☒ No

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

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


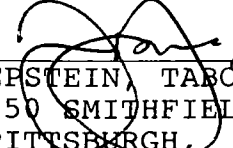
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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		Date 1-8-08	
Paid Preparer's Use Only	Type or print name and title Soann Cyganovich, Executive Director			
	Preparer's signature  CPA		Date 11/20/07	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4 EPSTEIN, TABOR & SCHORR 650 SMITHFIELD STREET PITTSBURGH, PA 15222-3999		Preparer's SSN or PTIN (See Gen. Inst. X) P00633472		
		EIN <input type="checkbox"/>		
		Phone no <input type="checkbox"/> (412) 261-2245		

Form 990 (2006)

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

SOJOURNER HOUSE, INC.

Employer identification number

25 1737004

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
NONE				
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
NONE		
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
NONE		
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
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)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 13	X	
e Transfer of any part of its income or assets?		X
3 a 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)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c 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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year	►	N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	N/A
f 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	►	0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

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	
Total					►

- 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.)	93,883.	113,138.	98,807.	110,930.	416,758.
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	759,367.	722,290.	628,376.	722,337.	2,832,370.
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	13,767.	7,037.	4,490.	6,087.	31,381.
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	867,017.	842,465.	731,673.	839,354.	3,280,509.
24 Line 23 minus line 17	107,650.	120,175.	103,297.	117,017.	448,139.
25 Enter 1% of line 23	8,670.	8,425.	7,317.	8,394.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					8,963.
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					11,037.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					448,139.
d Add: Amounts from column (e) for lines 18 31,381. 19 22 26b 11,037.					42,418.
e Public support (line 26c minus line 26d total)					405,721.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					90.5346%
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: (2005) N/A (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: (2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					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.

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
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 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)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000	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)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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.)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

Sojourner House, Inc
 EIN#: 25-1737004
 2006 Depreciation and Amortization Report
 Form 990 Page 2

Asset No.	Description	Unadjusted Cost or Basis	Basis for Depreciation	Accumulated Depreciation	Current Year Deduction
1	Building	679,825	679,825	266,267	16,996
2	Building Improvements	197,126	197,126	138,225	9,985
3	Apartment Furnishings	65,991	65,991	63,649	1,643
4	Playcare Equipment	5,781	5,781	4,384	289
5	Automobiles	35,957	35,957	25,914	7,191
6	Office Equipment	129,427	129,427	103,808	12,534
3	Land	50,000	50,000	-	-
Total 990 Page 2 Depreciation		<u>1,164,107</u>	<u>1,164,107</u>	<u>602,247</u>	<u>48,638</u>

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
235.057 SHARES OF THIRD AVENUE VAULUE FUND	5,591.	5,585.	0.	6.
505.209 SHARES OF LAUDUS INT'L MARKET MASTERS	10,200.	9,988.	0.	212.
TO FORM 990, PART I, LINE 8	15,791.	15,573.	0.	218.

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
SPECIAL EVENTS	14,457.		14,457.	8,926.	5,531.
TO FM 990, PART I, LINE 9	14,457.		14,457.	8,926.	5,531.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN	13,626.
TOTAL TO FORM 990, PART I, LINE 20	13,626.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES & SUBSCRIPTIONS	2,534.		2,534.	
MERCHANT FEES	980.		980.	
ADVERTISING	1,361.		1,361.	
STAFF DEVELOPMENT	4,252.	3,768.	484.	
INSURANCE	12,912.	12,912.		
CLIENT ACTIVITIES	5,456.	5,456.		
OTHER CLIENT SERVICES	16,902.	16,902.		

SOJOURNER HOUSE, INC.25-1737004

FOOD AND CLOTHING	78.	78.		
CLIENT				
TRANSPORTATION	6,125.	6,125.		
REHABILITATION				
SUPPLIES	5,920.	5,920.		
OTHER	12,559.		12,559.	
BUILDING REPAIR &				
MAINTENANCE	21,991.	21,991.		
CONSULTING	29,273.		26,533.	2,740.
COMPUTER EXPENSES	4,193.		4,193.	
	<u>124,536.</u>	<u>73,152.</u>	<u>48,644.</u>	<u>2,740.</u>
TOTAL TO FM 990, LN 43				

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25A	STATEMENT	5
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NORMA RAIFF, PHD.	69,525.			69,525.
A. PROGRAM SERVICES	2,100.			2,100.
B. MANAGEMENT AND GENERAL	67,425.			67,425.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				2,100.
TOTAL MANAGEMENT AND GENERAL				67,425.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				69,525.

FORM 990	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	195,998.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		195,998.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	679,825.	266,267.	413,558.
BUILDING IMPROVEMENTS	197,126.	138,225.	58,901.
APARTMENT FURNISHINGS	65,991.	63,649.	2,342.
PLAYCARE EQUIPMENT	5,781.	4,384.	1,397.
AUTOMOBILES	35,957.	25,914.	10,043.
OFFICE EQUIPMENT	129,427.	103,808.	25,619.

SOJOURNER HOUSE, INC.

25-1737004

LAND	50,000.	0.	50,000.
TOTAL TO FORM 990, PART IV, LN 57	1,164,107.	602,247.	561,860.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
REIMBURSEMENT DUE FOR RELATED PARTY	181,642.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	181,642.

FORM 990	MORTGAGES PAYABLE	STATEMENT	9
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DESCRIPTION	BALANCE DUE
URBAN REDEVELOPMENT AUTHORITY OF THE CITY OF PGH	164,980.
URBAN REDEVELOPMENT AUTHORITY OF THE CITY OF PGH	110,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	274,980.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAMETERMS OF REPAYMENTKEYSTONE BUSINESS
MACHINESDATE OF
NOTEMATURITY
DATEORIGINAL
LOAN AMOUNTINTEREST
RATE

08/24/05

06/30/11

0.

.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

COLOR COPIER/PRINTER/FAX

RELATIONSHIP OF LENDER

LESSOR

DESCRIPTION OF CONSIDERATIONFMV OF
CONSIDERATIONBALANCE DUE

0.

13,818.

LENDER'S NAMETERMS OF REPAYMENT

PNC BANK

DATE OF
NOTEMATURITY
DATEORIGINAL
LOAN AMOUNTINTEREST
RATE

08/20/07

08/20/08

0.

.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

BUILDING

RELATIONSHIP OF LENDER

BANK

DESCRIPTION OF CONSIDERATIONFMV OF
CONSIDERATIONBALANCE DUE

0.

75,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

88,818.

FORM 990	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION		AMOUNT
CLIENT SAVING AND SECURITY DEPOSIT		5,532.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		5,532.

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
KATHY FROEHLE 5800 CORPORATE DRIVE PITTSBURGH, PA 15237	PRESIDENT 5.00	0.	0.	0.
SUSAN ORR 606 LIBERTY AVENUE PITTSBURGH, PA 15222	VICE-PRESIDENT 5.00	0.	0.	0.
REBECCA COLOSIMO 435 SIXTH AVENUE PITTSBURGH, PA 15219	SECRETARY 5.00	0.	0.	0.
JESSICA STRONG PGH PUBLIC SCHOOLS PITTSBURGH, PA 15222	TREASURER 5.00	0.	0.	0.
JOANNE M LA ROSE, ESQ 1000 FED EX DRIVE MOON TOWNSHIP, PA 15101	BOARD MEMBER 2.00	0.	0.	0.
ANNE L. CRAWFORD 120 FIFTH AVENUE PLACE PITTSBURGH, PA 15222	BOARD MEMBER 2.00	0.	0.	0.
CARITHA SCOTT 6112 PENN AVENUE PITTSBURGH, PA 15206	BOARD MEMBER 2.00	0.	0.	0.
T. RENEE RANDLEMAN 300 LIBERTY AVENUE PITTSBURGH, PA 15222	BOARD MEMBER 2.00	0.	0.	0.

SOJOURNER HOUSE, INC.

25-1737004

DAN MITCHELL
5834 FORBES AVENUE
PITTSBURGH, PA 15217

BOARD MEMBER

2.00

0.

0.

0.

NORMA RAIFF, PHD.
5460 PENN AVENUE
PITTSBURGH, PA 15206

EXECUTIVE DIRECTOR

50.00

69,525.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

69,525.

0.

0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 13

SOJOURNER HOUSE, INC. COMPENSATES ITS EXECUTIVE DIRECTOR IN EXCESS OF
\$1,000 FOR PERFORMANCE OF ASSIGNED DUTIES.

**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) 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) 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 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 SOJOURNER HOUSE, INC.	Employer identification number 25-1737004
	Number, street, and room or suite no. If a P.O. box, see instructions 5460 PENN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15206	

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 ▶ **FINANCIAL MANAGER**

Telephone No. ▶ **412-441-7783**

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.

- I request an automatic 3-month (6-months for a section 501(c) 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**

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

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

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 4-2007)