Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A. For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

B. Check if applicable
   [ ] Address change
   [ ] Name change
   [ ] Initial return
   [ ] Final return
   [ ] Return terminated
   [ ] Amended return
   [ ] Application pending

C. Name of organization
   SHELTERCARE

D. Employer identification number
   23-7115003

E. Telephone number
   (541) 686-1262

G. Gross receipts $ 7,766,969

F. Name and address of principal officer
   SUSAN BAN
   499 W 4TH AVE
   EUGENE, OR 97401

H. Is this a group return for subordinates? [ ] Yes [ ] No
   Are all subordinates included? [ ] Yes [ ] No
   If "No," attach a list (see instructions)
   Group exemption number

J. Website: WWW.SHELTERCARE.ORG

K. Form of organization
   [ ] Corporation
   [ ] Trust
   [ ] Association
   [ ] Other

L. Year of formation
   1970

M. State of local domicile
   OR

Part I. Summary

1. Briefly describe the organization’s mission or most significant activities
   SHELTERCARE OFFERS A VARIETY OF HOUSING SUPPORT SERVICES FOR PEOPLE WHO ARE HOMELESS OR THOSE FACING HOMELESSNESS WITH A COMMITTED FOCUS ON THE COMMUNITY’S MOST VULNERABLE INDIVIDUALS DEALING WITH PSYCHIATRIC DISABILITIES, ACQUIRED IMMUNE INJURIES AND HOMELESS FAMILIES. SHELTERCARE PROVIDES EMERGENCY HOUSING, SHORT-TERM HOUSING AND PERMANENT HOUSING. ADDITIONALLY SHELTERCARE PROVIDES SUPPORT TO BUILD SKILLS FOR INDEPENDENT LIVING AND HOUSING STABILITY

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3. Number of voting members of the governing body (Part VI, line 1a)
   3

4. Number of independent voting members of the governing body (Part VI, line 1b)
   3

5. Total number of individuals employed in calendar year 2016 (Part V, line 2a)
   190

6. Total number of volunteers (estimate if necessary)
   350

7a. Total unrelated business revenue from Part VIII, column (C), line 12
   0

7b. Net unrelated business taxable income from Form 990-T, line 34

8. Contributions and grants (Part VIII, line 1h)
   2,624,283

9. Program service revenue (Part VIII, line 2g)
   3,901,001

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)
   3,821,136

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
   112,511

12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
   6,677,835

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)
   6,798,393

14. Benefits paid to or for members (Part IX, column (A), line 4)
   2,970,618

16a. Professional fundraising fees (Part IX, column (A), line 11e)
   7,888,146

b. Total fundraising expenses (Part IX, column (D), line 25) → 187,854

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
   3,246,799

18. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)
   8,050,306

19. Revenue less expenses Subtract line 18 from line 12
   4,437,840

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances Subtract line 21 from line 20

Part II. Signature Block

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

Signature: .....  
Date: 2018-05-10

Preparer Use Only

Print/Type preparer’s name

Firm’s name: JONES & ROTH PC
Firm’s EIN: 93-0819864
Firm’s address: PO BOX 10886
EUGENE, OR 97440

Preparer’s signature: KARI YOUNG
Preparer’s EIN: 93-0819864
Preparer’s address: PO BOX 10886
EUGENE, OR 97440

Check if self-employed

PTIN: P13325525

May the IRS discuss this return with the preparer shown above? [ ] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y
Form 990 (2016)
### Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1. Briefly describe the organization’s mission

SHELTERCARE OFFERS A VARIETY OF HOUSING SUPPORT SERVICES FOR PEOPLE WHO ARE HOMELESS OR THOSE FACING HOMELESSNESS WITH A COMMITTED FOCUS ON THE COMMUNITY'S MOST VULNERABLE INDIVIDUALS DEALING WITH PSYCHIATRIC DISABILITIES, ACQUIRED BRAIN INJURIES AND HOMELESS FAMILIES. SHELTERCARE PROVIDES EMERGENCY HOUSING, SHORT TERM HOUSING AND PERMANENT HOUSING ADDITIONALLY SHELTERCARE PROVIDES SUPPORT TO BUILD SKILLS FOR INDEPENDENT LIVING AND HOUSING STABILITY

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

   □ Yes  □ No

   If "Yes," describe these new services on Schedule O

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?

   □ Yes  □ No

   If "Yes," describe these changes on Schedule O

4. Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<table>
<thead>
<tr>
<th>4a</th>
<th>(Code)</th>
<th>(Expenses $ 4,004,096 including grants of $)</th>
<th>(Revenue $ 3,044,771)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See Additional Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4b</th>
<th>(Code)</th>
<th>(Expenses $ 2,030,581 including grants of $)</th>
<th>(Revenue $ 296,069)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See Additional Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4c</th>
<th>(Code)</th>
<th>(Expenses $ 418,059 including grants of $)</th>
<th>(Revenue $ 328,598)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See Additional Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4d</th>
<th>Other program services (Describe in Schedule O)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Expenses $ including grants of $)</td>
</tr>
<tr>
<td></td>
<td>(Revenue $)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4e</th>
<th>Total program service expenses $6,452,736</th>
</tr>
</thead>
</table>
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Section 501(c)(3) organizations.</strong> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8. Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>9. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11. If the organization’s answer to any of the following questions is “Yes,” then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12. Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2016)
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td>No</td>
</tr>
<tr>
<td>20b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>No</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td>No</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td>No</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td>No</td>
</tr>
<tr>
<td>24a</td>
<td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K</td>
<td>Yes</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>No</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>No</td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>No</td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>No</td>
</tr>
<tr>
<td>25b</td>
<td>If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>No</td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td>No</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td>No</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</td>
<td></td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>No</td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>No</td>
</tr>
<tr>
<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>No</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>No</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>No</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td>No</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td>No</td>
</tr>
<tr>
<td>33</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td>No</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td>Yes</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>No</td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>No</td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>No</td>
</tr>
<tr>
<td>37</td>
<td>Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td>No</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**Part V**

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>190</td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <strong>Note:</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4a 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)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country. <strong>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8888-T?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payer?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a Is the organization licensed to issue qualified health plans in more than one state? <strong>Note:</strong> See the instructions for additional information the organization must report on Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c Enter the amount of reserves on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

6 Did the organization have members or stockholders?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>Yes</td>
</tr>
</tbody>
</table>

a The governing body

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Each committee with authority to act on behalf of the governing body

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If "Yes," provide the names and addresses in Schedule O.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>No</td>
</tr>
</tbody>
</table>

10a Did the organization have local chapters, branches, or affiliates?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10b</td>
<td>No</td>
</tr>
</tbody>
</table>

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>Yes</td>
</tr>
</tbody>
</table>

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td>Yes</td>
</tr>
</tbody>
</table>

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12c</td>
<td>Yes</td>
</tr>
</tbody>
</table>

c Did the organization regularly and consistently monitor and ensure compliance with the policy? If "Yes," describe in Schedule O how this was done.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Yes</td>
</tr>
</tbody>
</table>

did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Yes</td>
</tr>
</tbody>
</table>

did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>Yes</td>
</tr>
</tbody>
</table>

a The organization’s CEO, Executive Director, or top management official

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Other officers or key employees of the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18 OR

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- Own website
- Another's website
- Upon request
- Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20 State the name, address, and telephone number of the person who possesses the organization’s books and records

- SHELTERCARE 499 W 4TH AVE EUGENE, OR 97401 (541) 686-1262
**Section A. Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter “0” in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee”.
- List the organization’s five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) REBEKAH LAMBERT</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) ERIK VAN HOUTEN</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) WENDY DAME</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(4) MELINDA GRIER</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) MARCEA EDWARDS</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) PRISCILLA GOULD</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) SANDRA SCHEETZ</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) DR DAVID DEHASS</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) BRAD SMITH</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) CHRIS PAGE</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) JACOB FOX</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12) SEBASTIAN TAPIA</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13) TRACY ELLIS</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(14) SUSAN BAN</td>
<td>40.00</td>
<td>X</td>
<td>104,248</td>
<td>0</td>
<td>8,590</td>
</tr>
<tr>
<td>(15) KAREN ETHER</td>
<td>40.00</td>
<td>X</td>
<td>71,198</td>
<td>0</td>
<td>6,270</td>
</tr>
</tbody>
</table>

Form 990 (2016)
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Highest compensated employee</td>
<td>Formed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-Total

1c Total from continuation sheets to Part VII, Section A

1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization
## Statement of Revenue

### Contributions, Gifts, Grants, and Other Similar Amounts

| 1a | Federated campaigns | 1a | 56,904 |
| 1b | Membership dues | 1b |
| 1c | Fundraising events | 1c | 97,639 |
| 1d | Related organizations | 1d |
| 1e | Government grants (contributions) | 1e | 2,874,901 |
| 1f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 871,557 |
| 9 | Noncash contributions included in lines 1a-1f § | 9 | 22,759 |
| h Total, Add lines 1a-1f | h Total, Add lines 1a-1f | 3,901,001 |

### Program Service Revenue

| 2a | MEDICAID - TITLE XIX | 2a | 1,947,042 |
| 2b | GOVERNMENT CONTRACTS | 2b | 1,097,729 |
| 2c | ACQUIRED BRAIN INJURY PROGRAM | 2c | 328,598 |
| 2d | PROGRAM RENT | 2d | 262,780 |
| 2e | OTHER FEES | 2e | 21,323 |
| f | All other program service revenue | f | 11,966 |
| g Total, Add lines 2a-2f | g Total, Add lines 2a-2f | 3,669,438 |

### Other Revenue

| 3 | Investment income (including dividends, interest, and other similar amounts) | 3 | 112,511 |
| 4 | Income from investment of tax-exempt bond proceeds | 4 | 112,511 |
| 5 | Royalties | 5 |
| 6a | Gross rents | 6a | 21,667 |
| 6b | Less rental expenses | 6b |
| 6c | Rental income or (loss) | 6c | 21,667 |
| d | Net rental income or (loss) | d | 21,667 |
| 7a | Gross amount from sales of assets other than inventory | 7a |
| 7b | Less cost or other basis and sales expenses | 7b |
| 7c | Gain or (loss) | 7c |
| d | Net gain or (loss) | d |
| 8a | Gross income from fundraising events (not including $97,639 of contributions reported on line 1c) | 8a | 4,810 |
| See Part IV, line 18 | See Part IV, line 18 |
| a | | a |
| b | Less direct expenses | b | 15,741 |
| c | Net income or (loss) from fundraising events | c | -10,931 |
| 9a | Gross income from gaming activities | 9a |
| See Part IV, line 19 | See Part IV, line 19 |
| a | | a |
| b | Less direct expenses | b |
| c | Net income or (loss) from gaming activities | c |
| 10a | Gross sales of inventory, less returns and allowances | 10a |
| a | | a |
| b | Less cost of goods sold | b |
| c | Net income or (loss) from sales of inventory | c |
| Miscellaneous Revenue | Miscellaneous Revenue |
| Business Code | Business Code |
| 11a | OTHER INCOME | 11a | 57,542 |
| b | | b |
| c | | c |
| d | All other revenue | d |
| e | Total, Add lines 11a-11d | e | 57,542 |
| 12 | Total revenue, See Instructions | 12 | 7,751,228 |
| | | | 3,748,647 |
### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td>207,777</td>
<td>207,777</td>
<td></td>
</tr>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>207,777</td>
<td>207,777</td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>3,854,658</td>
<td>3,179,135</td>
<td>540,843</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>33,796</td>
<td>28,386</td>
<td>4,231</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>491,463</td>
<td>412,743</td>
<td>64,989</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>297,216</td>
<td>235,212</td>
<td>52,902</td>
</tr>
<tr>
<td>11 Fees for services (non-employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td>175,183</td>
<td>90,401</td>
<td>82,823</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>25,611</td>
<td>23,075</td>
<td>2,173</td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>323,189</td>
<td>297,982</td>
<td>22,942</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td>83,729</td>
<td>56,433</td>
<td>25,260</td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>137,320</td>
<td>96,503</td>
<td>39,835</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>29,233</td>
<td>20,654</td>
<td>7,033</td>
</tr>
<tr>
<td>24 Other expenses Itemize expenses not covered above(List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a CLIENT ASSISTANCE</td>
<td>1,529,960</td>
<td>1,527,621</td>
<td>2,309</td>
</tr>
<tr>
<td>b SUPPLIES</td>
<td>255,041</td>
<td>202,765</td>
<td>40,769</td>
</tr>
<tr>
<td>c REPAIRS AND MAINTENANCE</td>
<td>191,111</td>
<td>182,904</td>
<td>7,761</td>
</tr>
<tr>
<td>d MISCELLANEOUS</td>
<td>38,116</td>
<td>9,474</td>
<td>24,819</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>50,878</td>
<td>14,344</td>
<td>36,263</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>7,855,528</td>
<td>6,452,736</td>
<td>1,214,938</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here □ if following SOP 98-2 (ASC 958-720)
### Balance Sheet

**Part X**  
Check if Schedule O contains a response or note to any line in this Part IX  

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>1,604</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>213,677</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>326,454</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>241,059</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td>16</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instructions) Complete Part II of Schedule L</td>
<td>16</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>207,292</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>4,227,356</td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>1,756,072</td>
</tr>
<tr>
<td>10b</td>
<td>Less accumulated depreciation</td>
<td>1,756,072</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>10,967</td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>4,220,445</td>
</tr>
<tr>
<td>16</td>
<td>Total assets Add lines 1 through 15 (must equal line 34)</td>
<td>7,788,939</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>43,975</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>1,260,277</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>1,444,100</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D</td>
<td>498,447</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities Add lines 17 through 25</td>
<td>3,246,799</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117 (ASC 958), check here ✔ and complete lines 27 through 29, and lines 33 and 34.**

- **Unrestricted net assets**
  - 27 | 4,294,212 | 3,963,361 |
- **Temporarily restricted net assets**
  - 28 | 247,928 | 474,479 |
- **Permanently restricted net assets**
  - 29 |  |

**Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.**

- **Capital stock or trust principal, or current funds**
  - 30 |  |
- **Paid-in or capital surplus, or land, building or equipment fund**
  - 31 |  |
- **Retained earnings, endowment, accumulated income, or other funds**
  - 32 |  |
- **Total net assets or fund balances**
  - 33 | 4,542,140 | 4,437,840 |
- **Total liabilities and net assets/fund balances**
  - 34 | 7,788,939 | 8,288,146 |
Part XI  Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12) ........................................ 1 7,751,228
2 Total expenses (must equal Part IX, column (A), line 25) ........................................ 2 7,855,528
3 Revenue less expenses Subtract line 2 from line 1 .................................................... 3 -(104,308)
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .... 4 4,542,140
5 Net unrealized gains (losses) on investments ................................................................. 5
6 Donated services and use of facilities ........................................................................... 6
7 Investment expenses ..................................................................................................... 7
8 Prior period adjustments ............................................................................................... 8
9 Other changes in net assets or fund balances (explain in Schedule O) ......................... 9
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 4,437,840

Part XII  Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 □ Cash □ Accrual □ Other ______________
   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization’s financial statements compiled or reviewed by an independent accountant?
   If ‘Yes,’ check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
   □ Separate basis □ Consolidated basis □ Both consolidated and separate basis

2b Were the organization’s financial statements audited by an independent accountant?
   If ‘Yes,’ check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
   □ Separate basis □ Consolidated basis □ Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
   □ Yes □ No

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits
   □ Yes □ No
Additonal Data

Software ID:
Software Version:
EIN: 23-7115003
Name: SHELTERCARE

Form 990 (2016)

Form 990, Part III, Line 4a:
SHELTERCARE PROVIDED LONG TERM SUPPORTED HOUSING TO 188 CHRONICALLY HOMELESS ADULTS WHO ARE LIVING WITH A MENTAL ILLNESS. STAFF WORK WITH THESE CLIENTS TO FIND APPROPRIATE AND SAFE HOUSING OPTIONS AND BUILD THE SKILLS NECESSARY TO MAINTAIN THEIR HOUSING. 317 INDIVIDUALS RECEIVED BEHAVIORAL HEALTH SERVICES AND DEVELOPED TREATMENT PLANS TO LEARN HOW TO MANAGE THEIR MENTAL HEALTH SYMPTOMS. 20 INDIVIDUALS RECEIVED TRAUMA INFORMED CARE AT OUR SECURE RESIDENTIAL FACILITY, WHICH PROVIDES A SAFE HOME-LIKE SETTING FOR ADULTS TRANSITIONING OUT OF THE STATE HOSPITAL.
SHELTERCARE PROVIDES EMERGENCY HOUSING, TRADITIONAL HOUSING, AND PREVENTION SERVICES TO UNHOUSED COMMUNITY MEMBERS OR THOSE AT RISK OF LOSING THEIR HOUSING. 193 FAMILIES WERE PROVIDED FINANCIAL ASSISTANCE AND CASE MANAGEMENT TO AVOID LOSING THEIR HOUSING. 15 FAMILIES WERE TEMPORARILY HOUSED WHEN EXPERIENCING A CRISIS IN THEIR HOUSING. DURING THEIR STAY, THOSE FAMILIES WORKED WITH STAFF TO SECURE PERMANENT AFFORDABLE HOUSING UPON THEIR EXIT. 11 OUT OF 15 TRANSITIONED TO PERMANENT HOUSING. IN ADDITION, SHELTERCARE ALSO PROVIDED SHORT TERM HOUSING FOR 75 CHRONICALLY HOMELESS ADULTS WHO NEEDED A SAFE PLACE TO CONTINUE RECOVERY AFTER A HOSPITAL STAY.
SHELTCARE PROVIDED LONG TERM RESIDENTIAL SUPPORT FOR 31 ADULTS WHO ARE SURVIVORS OF ACQUIRED BRAIN INJURY. RESIDENTS WORK ON BUILDING THE SKILLS NEEDED FOR INDEPENDENT LIVING. MANY RESIDENTS ARE ACTIVELY INVOLVED WITH SHELTCARE'S CONSUMER COUNCIL, A REPRESENTATIVE BODY OF CLIENTS FROM ACROSS THE AGENCY. THE CONSUMER COUNCIL MEETS MONTHLY AND ELECTS OFFICERS ANNUALLY.
### Part I  Reason for Public Charity Status

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1.  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2.  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
3.  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4.  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5.  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6.  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7.  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8.  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9.  An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university
10.  An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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). (Complete Part III)
12.  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

   a. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

   b. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

   c. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

   d. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

   e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

   f. Enter the number of supported organizations.

   g. Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2016
### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grant&quot;)</td>
<td>2,799,188</td>
<td>3,917,853</td>
<td>2,625,303</td>
<td>2,624,283</td>
<td>3,901,001</td>
<td>15,867,628</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 <strong>Total.</strong> Add lines 1 through 3</td>
<td>2,799,188</td>
<td>3,917,853</td>
<td>2,625,303</td>
<td>2,624,283</td>
<td>3,901,001</td>
<td>15,867,628</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>141,308</td>
</tr>
<tr>
<td>6 <strong>Public support.</strong> Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15,726,320</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>2,799,188</td>
<td>3,917,853</td>
<td>2,625,303</td>
<td>2,624,283</td>
<td>3,901,001</td>
<td>15,867,628</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>24,817</td>
<td>94,292</td>
<td>26,350</td>
<td>33,841</td>
<td>112,511</td>
<td>291,811</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income: Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 <strong>Total support.</strong> Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16,159,439</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td><strong>13 First five years.</strong> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.320 % |
| 15 Public support percentage for 2015 Schedule A, Part II, line 14 | 15 | 97.510 % |

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization | ✔ |

**16b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization | ☐ |

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ☐ |

**17b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ☐ |

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ☐ |
### Part III  Support Schedule for Organizations Described in Section 509(a)(2)

(Check only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a)2012</th>
<th>(b)2013</th>
<th>(c)2014</th>
<th>(d)2015</th>
<th>(e)2016</th>
<th>(f)Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  <strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a  Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  <strong>Public support. (Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a)2012</th>
<th>(b)2013</th>
<th>(c)2014</th>
<th>(d)2015</th>
<th>(e)2016</th>
<th>(f)Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9  Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Other income  Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  <strong>Total support. (Add lines 9, 10c, 11, and 12)</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**14  First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.**

### Section C. Computation of Public Support Percentage

15  Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 |

16  Public support percentage from 2015 Schedule A, Part III, line 15 | 16 |

### Section D. Computation of Investment Income Percentage

17  Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 |

18  Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 |

19a  **331/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**

19b  **33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.**

20  **Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.**

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

   a. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

   b. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4. Was any supported organization not organized in the United States (“foreign supported organization”? If “Yes” and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   a. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   b. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization’s organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

   a. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

   b. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

   a. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

   b. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer line 10b below.

   a. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).
### Part IV  Supporting Organizations (continued)

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>11</td>
<td></td>
<td></td>
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<tr>
<td>11a</td>
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<td></td>
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<tr>
<td>11b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<tr>
<td>3</td>
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</tbody>
</table>

### Section E. Type III Functionally-Integrated Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Schedule A (Form 990 or 990-EZ) 2016**

---
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

- **1** Net short-term capital gain
- **2** Recoveries of prior-year distributions
- **3** Other gross income (see instructions)
- **4** Add lines 1 through 3
- **5** Depreciation and depletion
- **6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- **7** Other expenses (see instructions)
- **8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

#### Section B - Minimum Asset Amount

- **1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
  - **a** Average monthly value of securities
  - **b** Average monthly cash balances
  - **c** Fair market value of other non-exempt-use assets
  - **d** **Total** (add lines 1a, 1b, and 1c)
  - **e** **Discount** claimed for blockage or other factors (explain in detail in Part VI)
- **2** Acquisition indebtedness applicable to non-exempt use assets
- **3** Subtract line 2 from line 1d
- **4** Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
- **5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- **6** Multiply line 5 by 0.35
- **7** Recoveries of prior-year distributions
- **8** **Minimum Asset Amount** (add line 7 to line 6)

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- **2** Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- **4** Enter greater of line 2 or line 3
- **5** Income tax imposed in prior year
- **6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- **7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI) See instructions</td>
</tr>
</tbody>
</table>

#### Total annual distributions. Add lines 1 through 6

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Distributable amount for 2016 from Section C, line 6</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2016</th>
<th>(iii) Distributable Amount for 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2016 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2013. . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2014. . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2015. . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2011 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder Subtract lines 3g, 3h, and 3i from 3f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2016 from Section D, line 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder Subtract lines 4a and 4b from 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2017. Add lines 3j and 4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2013. . . . . .</td>
<td></td>
<td></td>
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<tr>
<td>c</td>
<td>Excess from 2014. . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2015. . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2016. . . . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test
**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
- Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury
Internal Revenue Service

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

**2016**

Open to Public Inspection

**Name of the organization**

<table>
<thead>
<tr>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-7115003</td>
</tr>
</tbody>
</table>

### Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Political expenditures — $  

2. Volunteer hours

### Part I-B Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955 — $  

2. Enter the amount of any excise tax incurred by organization managers under section 4955 — $  

3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
   - [ ] Yes
   - [ ] No

4a. Was a correction made?  
   - [ ] Yes
   - [ ] No

4b. If "Yes," describe in Part IV

### Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities — $  

2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities — $  

3. Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b — $  

4. Did the filing organization file Form 1120-POL for this year?  
   - [ ] Yes
   - [ ] No

5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization</th>
</tr>
</thead>
<tbody>
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</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Cat No 500845                      Schedule C (Form 990 or 990-EZ) 2016
**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A  Check □ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member’s name, address, EIN, expenses, and share of excess lobbying expenditures)

B  Check □ if the filing organization checked box A and "limited control" provisions apply

### Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount  Enter the amount from the following table in both columns</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

| 1g | Grassroots nontaxable amount (enter 25% of line 1f) |
| 1h | Subtract line 1g from line 1a  If zero or less, enter -0- |
| 1i | Subtract line 1f from line 1c  If zero or less, enter -0- |
| 1j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  □ Yes □ No |

---

**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 separate instructions for lines 2a through 2f.)

### Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part II-B**  Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>Amount</td>
</tr>
<tr>
<td>1</td>
<td>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td>Yes</td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td>No</td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td>No</td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td>No</td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td>No</td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td>Yes</td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td>No</td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td>Yes</td>
</tr>
<tr>
<td>j</td>
<td>Total Add lines 1c through 1i</td>
<td>3,576</td>
</tr>
<tr>
<td>2a</td>
<td>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred under section 4912</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred by organization managers under section 4912</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td>
<td></td>
</tr>
</tbody>
</table>

**Part III-A**  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carry over lobbying and political expenditures from the prior year?</td>
<td>3</td>
</tr>
</tbody>
</table>

**Part III-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
<td>2a</td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
<td>2b</td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
<td>2c</td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
<td>5</td>
</tr>
</tbody>
</table>

**Part IV**  **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE C, PART II-B, LINE 1</td>
<td>ACTIVITIES INCLUDE PROMOTION OF STATE EXPENDITURES TOWARD SERVICES FOR SHELTERCARE CLIENTS OR TO TRY TO STOP DECREASES IN EXPENDITURES FOR SHELTERCARE CLIENTS</td>
</tr>
</tbody>
</table>
### Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [ ] Yes [ ] No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [ ] No

### Part II  Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply)
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

   - Total number of conservation easements
   - Total acreage restricted by conservation easements
   - Number of conservation easements on a certified historic structure included in (a)
   - Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

   (i) Revenue included on Form 990, Part VIII, line 1
   - $ __________________

   (ii) Assets included in Form 990, Part X
   - $ __________________

1b. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

   (i) Revenue included on Form 990, Part VIII, line 1
   - $ __________________

   (ii) Assets included in Form 990, Part X
   - $ __________________
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3  Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
   a  ☐ Public exhibition 
   b  ☐ Scholarly research 
   c  ☐ Preservation for future generations 
   d  ☐ Loan or exchange programs 
   e  ☐ Other 

4  Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII

5  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  ☐ Yes  ☐ No

Part IV  Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  ☐ Yes  ☐ No

   b  If "Yes," explain the arrangement in Part XIII and complete the following table
   c  Beginning balance  
   d  Additions during the year  
   e  Distributions during the year  
   f  Ending balance  

2a  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  ☐ Yes  ☐ No

   b  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V  Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a  Beginning of year balance  
   b  Contributions  
   c  Net investment earnings, gains, and losses  
   d  Grants or scholarships  
   e  Other expenditures for facilities and programs  
   f  Administrative expenses  
   g  End of year balance  

   (a)Current year  (b)Prior year  (c)Two years back  (d)Three years back  (e)Four years back
   3,835,124  3,883,965  3,859,312  646,429  621,613
   3,120,000  800
   119,410  10,712  33,478  119,546  63,008
   51,200  51,200  22,000  30,000
   7,010  8,353  8,825  4,663  8,992
   3,896,324  3,835,124  3,883,965  3,859,312  646,429

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
   a  Board designated or quasi-endowment  ☑  100 000 %
   b  Permanent endowment  
   c  Temporarily restricted endowment  

   The percentages on lines 2a, 2b, and 2c should equal 100%

3a  Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   (i) unrelated organizations  
   (ii) related organizations  

   b  If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  ☐ Yes  ☐ No

3b  Describe in Part XIII the intended uses of the organization’s endowment funds

Part VI  Land, Buildings, and Equipment.

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td>874,436</td>
<td></td>
<td></td>
<td>874,436</td>
</tr>
<tr>
<td>b  Buildings</td>
<td>1,677,205</td>
<td>691,951</td>
<td>985,254</td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td>1,006,920</td>
<td>468,409</td>
<td>538,511</td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td>668,795</td>
<td>595,712</td>
<td>73,083</td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2,471,284</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Investments—Other Securities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>Description of security or category</th>
<th>Book value</th>
<th>Method of valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closer-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| (A)                                 |            |                     |
| (B)                                 |            |                     |
| (C)                                 |            |                     |
| (D)                                 |            |                     |
| (E)                                 |            |                     |
| (F)                                 |            |                     |
| (G)                                 |            |                     |
| (H)                                 |            |                     |

Total: (Column (b) must equal Form 990, Part X, col (B) line 12)

### Investments—Program Related

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: (Column (b) must equal Form 990, Part X, col (B) line 13)

### Other Assets

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTEREST IN SC FOUNDATION</td>
<td>3,896,324</td>
</tr>
<tr>
<td>DUE FROM RELATED ORGANIZATION</td>
<td>535,116</td>
</tr>
</tbody>
</table>

### Other Liabilities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

<table>
<thead>
<tr>
<th>Description of liability</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAYROLL AND RELATED ACCRUALS</td>
<td>355,237</td>
</tr>
<tr>
<td>LINE OF CREDIT</td>
<td>300,000</td>
</tr>
<tr>
<td>LEASE PAYABLE TO RELATED ORG</td>
<td>284,979</td>
</tr>
<tr>
<td>CLIENT DEPOSITS AND OTHER</td>
<td>1,325</td>
</tr>
</tbody>
</table>

Total: (Column (b) must equal Form 990, Part X, col (B) line 25)

Total: 941,541

1. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI
**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue  Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XII
**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses  Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XIII
**Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>See Additional Data Table</td>
<td></td>
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</table>

Schedule D (Form 990) 2015
<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>SCHEDULE D, PAGE 2, PART V, LINE 4</td>
<td>DURING 2006, SHELTERCARE TERMINATED ITS ENDOWMENT FUND WITH OREGON COMMUNITY FOUNDATION (O CF) AND TRANSFERRED ALL REMAINING ASSETS TO A NEWLY FORMED EXEMPT ORGANIZATION, SHELTERCARE FOUNDATION SPECIFIED ITSELF AS THE BENEFICIARY OF SHELTERCARE FOUNDATION ASSETS THE INTEREST IN THE NET ASSETS OF SHELTERCARE FOUNDATION IS CONSIDERED A BOARD DESIGNATED ENDOWMENT UPON REQUEST, SHELTERCARE FOUNDATION MAY MAKE DISTRIBUTIONS TO SHELTERCARE. THE BOARD OF DIRECTORS OF SHELTERCARE SHALL SUBMIT A REQUEST FOR DISTRIBUTION THE REQUEST SHALL INDICATE THE AMOUNT OF THE REQUESTED DISTRIBUTION, WHICH WILL NOT EXCEED THE ANNUAL PAYOUT AMOUNT TO BE PROVIDED TO SHELTERCARE FOUNDATION BY OCF. THE DESCRIPTION MUST CONTAIN SUFFICIENT DETAIL TO ENABLE THE BOARD TO DETERMINE TO ITS SATISFACTION THAT THE INTENDED USE OF THE DISTRIBUTION MEETS THE CRITERIA. IN THE EVENT SHELTERCARE FOUNDATION'S BOARD OF DIRECTORS DETERMINES THAT THE INTENDED USE OF THE DISTRIBUTION MEETS THE CRITERIA, THE IT SHALL APPROVE SHELTERCARE'S REQUEST FOR DISTRIBUTION AND SHALL MAKE THE REQUESTED PROCEEDS AVAILABLE TO SHELTERCARE IMMEDIATELY UPON THE AVAILABILITY OF SUCH FUNDS. IN THE EVENT SHELTERCARE FOUNDATION'S BOARD OF DIRECTORS DETERMINES THAT THE INTENDED USE OF THE DISTRIBUTION FAILS TO MEET THE CRITERIA, THEN IT MAY REQUIRE ADDITIONAL INFORMATION FROM SHELTERCARE TO MAKE A FINAL DETERMINATION ON THE MATTER.</td>
</tr>
</tbody>
</table>
### Part I  Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply:
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - [ ] Yes  [ ] No

   b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
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<td>5</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OR

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II  **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>68,564</td>
<td>33,885</td>
<td>102,449</td>
<td></td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>68,564</td>
<td>29,075</td>
<td>97,639</td>
<td></td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>4,810</td>
<td></td>
<td>4,810</td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>4,962</td>
<td>2,722</td>
<td>7,684</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part III  **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Direct expense summary Add lines 2 through 5 in column (d).

8. Net gaming income summary Subtract line 7 from line 1, column (d).

9. Enter the state(s) in which the organization conducts gaming activities ____________________________

   a. Is the organization licensed to conduct gaming activities in each of these states? □ Yes □ No

   b. If "No," explain ____________________________

10a. Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? □ Yes □ No

   b. If "Yes," explain ____________________________
11 Does the organization conduct gaming activities with nonmembers?
   □ Yes  □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
   formed to administer charitable gaming?
   □ Yes  □ No

13 Indicate the percentage of gaming activity conducted in
   a The organization’s facility
   □ 13a
   □ 13b
   %  %

   b An outside facility

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records

   Name ►
   Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming
   revenue?
   □ Yes  □ No

   b If “Yes,” enter the amount of gaming revenue received by the organization ► $ ____________________ and the
   amount of gaming revenue retained by the third party ► $ ____________________

   c If “Yes,” enter name and address of the third party

   Name ►
   Address ►

16 Gaming manager information

   Name ►
   Gaming manager compensation ► $ ____________________
   Description of services provided ►
   □ Director/officer  □ Employee  □ Independent contractor

17 Mandatory distributions
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to
      retain the state gaming license?
      □ Yes  □ No

   b Enter the amount of distributions required under state law distributed to other exempt organizations or spent
      in the organization’s own exempt activities during the tax year ► $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part
III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional
information (see instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>
**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

### Part I  Bond Issues

<table>
<thead>
<tr>
<th>(a) Issuer name</th>
<th>(b) Issuer EIN</th>
<th>(c) CUSIP #</th>
<th>(d) Date issued</th>
<th>(e) Issue price</th>
<th>(f) Description of purpose</th>
<th>(g) Defeased</th>
<th>(h) On behalf of issuer</th>
<th>(i) Pool financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE OF OREGON OR FACILITIES AUTH</td>
<td>93-6001787</td>
<td></td>
<td>08-26-2011</td>
<td>1,610,000</td>
<td>BUILDING ACQUISITION</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### Part II  Proceeds

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Amount of bonds retired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amount of bonds legally defeased</td>
<td>1,610,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total proceeds of issue</td>
<td></td>
<td>1,610,000</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Gross proceeds in reserve funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Capitalized interest from proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Proceeds in refunding escrows</td>
<td>32,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Issuance costs from proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Credit enhancement from proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Working capital expenditures from proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Capital expenditures from proceeds</td>
<td>1,577,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other spent proceeds</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>Other unspent proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Year of substantial completion</td>
<td>2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III  Private Business Use

<table>
<thead>
<tr>
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<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Were the bonds issued as part of a current refunding issue?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Were the bonds issued as part of an advance refunding issue?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Has the final allocation of proceeds been made?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Does the organization maintain adequate books and records to support the final allocation of proceeds?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III  Private Business Use (Continued)

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>Are there any management or service contracts that may result in private business use of bond-financed property?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes&quot; to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Are there any research agreements that may result in private business use of bond-financed property?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>If &quot;Yes&quot; to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total of lines 4 and 5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Does the bond issue meet the private security or payment test?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes&quot; to line 8a, enter the percentage of bond-financed property sold or disposed of.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Arbitrage

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If &quot;No&quot; to line 1, did the following apply?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Rebate not due yet?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Exception to rebate?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>No rebate due?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; to line 2c, provide in Part VI the date the rebate computation was performed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Is the bond issue a variable rate issue?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>b</td>
<td>Name of provider.</td>
<td></td>
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<tr>
<td>c</td>
<td>Term of hedge.</td>
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<tr>
<td>d</td>
<td>Was the hedge superintegrated?</td>
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<td>e</td>
<td>Was the hedge terminated?</td>
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### Part IV Arbitrage (Continued)

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<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tbody>
<tr>
<td>5a</td>
<td>Were gross proceeds invested in a guaranteed investment contract (GIC)?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>X</td>
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<tr>
<td>b</td>
<td>Name of provider</td>
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<tr>
<td>c</td>
<td>Term of GIC</td>
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<tr>
<td>d</td>
<td>Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?</td>
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<td>6</td>
<td>Were any gross proceeds invested beyond an available temporary period?</td>
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<tr>
<td>7</td>
<td>Has the organization established written procedures to monitor the requirements of section 148?</td>
<td></td>
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### Part V Procedures To Undertake Corrective Action

<table>
<thead>
<tr>
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<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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</thead>
<tbody>
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<td></td>
<td>Yes</td>
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<td></td>
<td>X</td>
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</tbody>
</table>

### Part VI Supplemental Information

Provide additional information for responses to questions on Schedule K (see instructions).
SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

990 Schedule O, Supplemental Information

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
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</thead>
<tbody>
<tr>
<td>FORM 990 - ORGANIZATION'S MISSION</td>
<td>SHELTERCARE OFFERS A VARIETY OF HOUSING SUPPORT SERVICES FOR PEOPLE WHO ARE HOMELESS OR THOSE FACING HOMELESSNESS WITH A COMMITTED FOCUS ON THE COMMUNITY'S MOST VULNERABLE INDIVIDUALS DEALING WITH PSYCHIATRIC DISABILITIES, ACQUIRED BRAIN INJURIES AND HOMELESS FAMILIES. SHELTERCARE PROVIDES EMERGENCY HOUSING, SHORT TERM HOUSING AND PERMANENT HOUSING ADDITION. ALLY SHELTERCARE PROVIDES SUPPORT TO BUILD SKILLS FOR INDEPENDENT LIVING AND HOUSING STABILITY</td>
</tr>
<tr>
<td>Reference</td>
<td>Explanation</td>
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</tr>
<tr>
<td>FORM 990, PAGE 1, PART I, LINE 6</td>
<td>VOLUNTEERS ASSIST SHELTERCARE IN A VARIETY OF ACTIVITIES INCLUDING WORKING WITH ADMIN AND PROGRAM STAFF. THEY MAY WORK ON SPECIAL PROJECTS SUCH AS DOING MARKET RESEARCH OR ADVISING ON WAYS TO IMPROVE EFFICIENCY IN OUR PROGRAMS. THEY ASSIST PROGRAM STAFF WITH PROVIDING SERVICES TO OUR CLIENTS SUCH AS LIFE SKILLS TRAINING AND MONEY MANAGEMENT SKILLS. THEY MAY ALSO POSSESS SKILLS THAT OUR STAFF MAY LACK SUCH AS PROVIDING HAIRCUTS. IN ADDITION, VOLUNTEERS ASSIST OUR PROGRAM STAFF IN PROVIDING MENTORING, CRISIS INTERVENTION, AND SOME LIMITED CASE MANAGEMENT FOR PROGRAM PARTICIPANTS. VOLUNTEERS PROVIDE A CONSIDERABLE AMOUNT OF SOCIALIZATION OPPORTUNITIES (BOTH WITHIN THE PROGRAM AND IN THE COMMUNITY) TO CLIENTS AS WELL.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
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<td>Return Reference</td>
<td>Explanation</td>
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<tr>
<td>FORM 990, PAGE 6, PART VI, LINE 12C</td>
<td>SHELTERCARE RARELY HAS A SITUATION THAT INVOLVES A CONFLICT OF INTEREST. THE ORGANIZATION CHOOSES NOT TO DO BUSINESS WITH THE BOARD MEMBERS OR FAMILY MEMBERS OF BOARD MEMBERS OR THEIR COMPANIES WHENEVER POSSIBLE TO KEEP THE OPPORTUNITY FOR A CONFLICT TO A MINIMUM. IF THERE IS A CONFLICT OF INTEREST, THE BOARD MEMBER IS ASKED TO ABSTAIN FROM VOTING ON ANY MATTER WHERE THE CONFLICT OF INTEREST COMES INTO PLAY.</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
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</tr>
<tr>
<td>FORM 990, PAGE 6, PART VI, LINE 15A</td>
<td>THE SALARY FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY REVIEWING A BI-ANNUAL SURVEY PROVIDED BY AN INDEPENDENT ORGANIZATION OF AGENCIES IN OUR AREA DOING SIMILAR WORK WITH SIMILAR BUDGETS AND BY USING COMPARABLE DATA GATHERED FROM LOCAL SOURCES LIKE THE EMPLOYMENT DEPARTMENT, REGISTER GUARD AND EMAIL NOTIFICATION OF LOCAL POSTINGS. THIS INFORMATION IS GATHERED BY THE HUMAN RESOURCES MANAGER AND PRESENTED TO THE CHAIR OF THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS WHEN DETERMINING INCREASES IN THE SALARY OF THE EXECUTIVE DIRECTOR. IN THE CASE OF SHELTERCARE, THE SALARY OF THE EXECUTIVE DIRECTOR IS SIGNIFICANTLY BELOW COMPARABLE POSITIONS IN OUR AREA BASED ON THE TWO WAYS WE HAVE OF GATHERING DATA</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
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</tr>
<tr>
<td>FORM 990, PAGE 6, PART VI, LINE 15B</td>
<td>SHETERCARE DOES NOT COMPENSATE ITS BOARD MEMBERS IN ANY WAY. THE SALARIES FOR THE KEY EMPLOYEES FOR THE ORGANIZATION ARE DETERMINED BY REVIEWING A BI-ANNUAL SURVEY PROVIDED BY AN INDEPENDENT ORGANIZATION OF AGENCIES IN OUR AREA DOING SIMILAR WORK WITH SIMILAR BUDGETS AND BY USING COMPARABLE DATA GATHERED FROM LOCAL SOURCES LIKE THE EMPLOYMENT DEPARTMENT, REGISTRANT GUARD AND EMAIL NOTIFICATION OF LOCAL POSTINGS FOR KEY EMPLOYEES. THE INFORMATION IS PROVIDED TO THE EXECUTIVE DIRECTOR FOR ANALYSIS AND ULTIMATE DECISION ON SALARIES IN THE CASE OF SHETERCARE, THE SALARIES OF KEY PERSONNEL ARE SIGNIFICANTLY BELOW COMPARABLE POSITIONS IN OUR AREA BASED ON THE TWO WAYS WE HAVE OF GATHERING DATA</td>
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<tr>
<td>Return Reference</td>
<td>Explanation</td>
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</tr>
<tr>
<td>FORM 990, PAGE 6, PART VI, LINE 19</td>
<td>THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE PHYSICAL LOCATION UPON REQUEST</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>FORM 990, PART XI, LINE 9</td>
<td>SPECIAL EVENT EXPENSES 15,741 SPECIAL EVENT EXPENSES -15,741</td>
</tr>
</tbody>
</table>
# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

- Attach to Form 990.
- Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Part I** Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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<tbody>
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</tbody>
</table>

**Part II** Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DH INCORPORATED 499 W 4TH AVE EUGENE, OR 97401 94-3046552</td>
<td>HOUSING</td>
<td>OR</td>
<td>501C3</td>
<td>7</td>
<td>NA</td>
<td>Yes</td>
</tr>
<tr>
<td>(2) SHELTERCARE FOUNDATION 499 W 4TH AVE EUGENE, OR 97401 37-1495367</td>
<td>CHARITABLE</td>
<td>OR</td>
<td>501C3</td>
<td>12C</td>
<td>NA</td>
<td>No</td>
</tr>
<tr>
<td>(3) AFYIA APARTMENTS INC 499 W 4TH AVE EUGENE, OR 97401 90-0455089</td>
<td>HOUSING</td>
<td>OR</td>
<td>501C3</td>
<td>7</td>
<td>NA</td>
<td>No</td>
</tr>
<tr>
<td>(4) SHELTERCARE 499 PROJECT 499 W 4TH AVE EUGENE, OR 97401 46-3534725</td>
<td>CHARITABLE</td>
<td>OR</td>
<td>501C3</td>
<td>12A</td>
<td>SHELTERCARE</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Part III  Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered “Yes” on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered “Yes” on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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<td>Yes</td>
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</tbody>
</table>

Schedule R (Form 990) 2016
## Part V Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

### Note.
Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.</td>
</tr>
<tr>
<td>i</td>
<td>Dividends from related organization(s).</td>
</tr>
<tr>
<td>g</td>
<td>Sale of assets to related organization(s).</td>
</tr>
<tr>
<td>h</td>
<td>Purchase of assets from related organization(s).</td>
</tr>
<tr>
<td>i</td>
<td>Exchange of assets with related organization(s).</td>
</tr>
<tr>
<td>j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s).</td>
</tr>
<tr>
<td>k</td>
<td>Lease of facilities, equipment, or other assets from related organization(s).</td>
</tr>
<tr>
<td>l</td>
<td>Performance of services or membership or fundraising solicitation for related organization(s).</td>
</tr>
<tr>
<td>m</td>
<td>Performance of services or membership or fundraising solicitation by related organization(s).</td>
</tr>
<tr>
<td>n</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).</td>
</tr>
<tr>
<td>o</td>
<td>Sharing of paid employees with related organization(s).</td>
</tr>
<tr>
<td>p</td>
<td>Reimbursement paid to related organization(s) for expenses.</td>
</tr>
<tr>
<td>q</td>
<td>Reimbursement paid by related organization(s) for expenses.</td>
</tr>
<tr>
<td>r</td>
<td>Other transfer of cash or property to related organization(s).</td>
</tr>
<tr>
<td>s</td>
<td>Other transfer of cash or property from related organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<td>1b</td>
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</tbody>
</table>

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name of related organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>SHELTERCARE 499 PROJECT K</td>
</tr>
<tr>
<td>(2)</td>
<td>SHELTERCARE 499 PROJECT D</td>
</tr>
<tr>
<td>(3)</td>
<td>SHELTERCARE 499 PROJECT Q</td>
</tr>
<tr>
<td>(4)</td>
<td>SHELTERCARE 499 PROJECT A</td>
</tr>
</tbody>
</table>

### Footnotes:
- **Transaction type (a-s)**
- **Amount involved**
- **Method of determining amount involved**
- **PER LEASE AGREEMENT**
- **GUARANTOR OF LOAN**
- **REIMBURSEMENT OF EXP**
- **PER GROUND LEASE**
**Part VI  Unrelated Organizations Taxable as a Partnership**

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)