



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

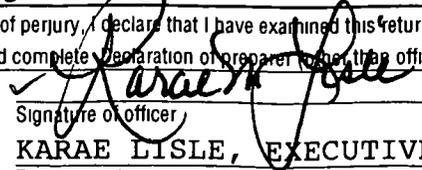
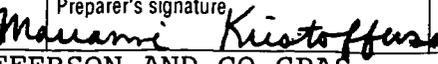
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHELTER NETWORK Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1450 CHAPIN AVENUE, 2ND FLOOR City or town, state or country, and ZIP + 4 BURLINGAME, CA 94010		D Employer identification number 77-0160469
	F Name and address of principal officer: KARAE LISLE 1450 CHAPIN AVENUE 2ND FLOOR, BURLINGAME, CA		E Telephone number 650-685-5880
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 9,300,073. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	J Website: WWW.SHELTERNETWORK.ORG		H(c) Group exemption number ▶
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1987 M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND SUPPORT SERVICES FOR THE HOMELESS.		
	2 Check this box <input type="checkbox"/> 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	128
	6 Total number of volunteers (estimate if necessary)	6	12059
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,881,171.	7,460,691.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,727.	32,498.
	11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)	109,664.	190,494.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	374,196.	332,826.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,392,758.	8,016,509.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	988,035.	1,358,333.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,181,807.	4,490,937.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 625,857.	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,941,540.	2,044,513.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,111,382.	7,893,783.
	19 Revenue less expenses. Subtract line 18 from line 12	281,376.	122,726.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		17,176,138.	17,235,809.
22 Net assets or fund balances. Subtract line 21 from line 20		4,967,442.	4,936,575.
		12,208,696.	12,299,234.

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.

Sign Here	Signature of officer 	Date 2/28/12			
	KARAE LISLE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARIANNE KRISTOFFERSON	Preparer's signature 	Date 2/24/12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ VOCKER KRISTOFFERSON AND CO CPAS		Firm's EIN ▶		Phone no (650) 574-5000
Firm's address ▶ 1700 S EL CAMINO REAL #506 SAN MATEO, CA 94402					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED MAR 20 2012

g-16

13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission: TO PROVIDE HOUSING AND SUPPORTIVE SERVICES THAT CREATE OPPORTUNITIES FOR HOMELESS FAMILIES AND INDIVIDUALS TO RE-ESTABLISH SELF-SUFFICIENCY AND TO RETURN TO PERMANENT HOUSING

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,096,681. including grants of \$) (Revenue \$ 75.) MAPLE STREET: A EMERGENCY AND TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES PROGRAM FOR HOMELESS SINGLE ADULTS LOCATED IN REDWOOD CITY, CA. 520 INDIVIDUALS WERE SHELTERED AND RECEIVED SERVICES IN THE EMERGENCY PROGRAM OF 1 TO 60 DAYS DURATION. 181 INDIVIDUALS WERE SHELTERED AND RECEIVED SERVICES IN THE TRANSITIONAL PROGRAM FOR A MINIMUM OF 3 TO 6 MONTHS.

4b (Code:) (Expenses \$ 1,618,043. including grants of \$) (Revenue \$ 2,065.) FIRST STEP FOR FAMILIES: A EMERGENCY AND TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES PROGRAM FOR HOMELESS FAMILIES LOCATED IN SAN MATEO, CA. FIRST STEP FOR FAMILIES OFFERS SERVICES AND PROGRAMS WHICH LAST UP TO 6 MONTHS DURATION. 283 FAMILIES COMPRISED OF 405 ADULTS AND 491 CHILDREN WERE SHELTERED AND RECEIVED SERVICES DURING THE PROGRAM YEAR.

4c (Code:) (Expenses \$ 666,448. including grants of \$) (Revenue \$ 3,554.) HAVEN FAMILY HOUSE: A TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES PROGRAM OF 3 TO 6 MONTHS DURATION SERVING HOMELESS FAMILIES LOCATED IN MENLO PARK, CA. 90 FAMILIES, COMPRISED OF 152 ADULTS AND 198 CHILDREN WERE SHELTERED AND RECEIVED SERVICES DURING THE COURSE OF THE PROGRAM YEAR.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,987,195. including grants of \$) (Revenue \$ 113,349.)

4e Total program service expenses 6,368,367.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" 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? <i>If "Yes," complete Schedule J</i>		X
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O

Table with columns for question number, response, Yes, and No. Contains questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		19
b	Enter the number of voting members included in line 1a, above, who are independent		19
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SCOTT FLESHER - 650-685-5880**
1450 CHAPIN AVENUE, 2ND FLOOR, BURLINGAME, CA 94010

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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, and 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE MCCALL CHAIRMAN	0.50	X		X				0.	0.	0.
CHRISTINE KROLIK VICE CHAIRMAN	0.50	X		X				0.	0.	0.
STEVAN LUZAICH SECRETARY	0.50	X		X				0.	0.	0.
DAVID WEIR TREASURER	0.50	X		X				0.	0.	0.
CHRISTINA DICKERSON DIRECTOR	0.50	X						0.	0.	0.
ROD FERGUSON DIRECTOR	0.50	X						0.	0.	0.
JENN CASS DIRECTOR	0.50	X						0.	0.	0.
MIKE MEE DIRECTOR	0.50	X						0.	0.	0.
RACHEL PERKEL DIRECTOR	0.50	X						0.	0.	0.
JENNY JOHNSON DIRECTOR	0.50	X						0.	0.	0.
CHERYL WESTMONT DIRECTOR	0.50	X						0.	0.	0.
ED JENNINGS DIRECTOR	0.50	X						0.	0.	0.
ADRIENNE TISSIER DIRECTOR	0.50	X						0.	0.	0.
MARYLOU SCHOONE DIRECTOR	0.50	X						0.	0.	0.
JANET CHUN DIRECTOR	0.50	X						0.	0.	0.
CARMEN ERICSON DIRECTOR	0.50	X						0.	0.	0.
STEVE HERBERT DIRECTOR	0.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NORMA GOMEZ DIRECTOR	0.50	X					0.	0.	0.	
JANE CAI DIRECTOR	0.50	X					0.	0.	0.	
MICHELE JACKSON EXECUTIVE DIRECTOR TO 1/26/2011	40.00			X	X		137,000.	0.	12,335.	
SCOTT FLESHER FINANCE DIRECTOR	40.00			X	X		132,228.	0.	14,036.	
BRIAN GREENBERG DIRECTOR OF PROGRAMS & SERVICES	40.00			X	X		102,838.	0.	11,823.	
KARAE LISLE EXECUTIVE DIRECTOR AS OF 1/24/2011	40.00			X			0.	0.	0.	
1b Sub-total							372,066.	0.	38,194.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							372,066.	0.	38,194.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
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		X
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		X
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		X

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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	4,535,215.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,925,476.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			7,460,691.				
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code	624200	32,498.	32,498.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			32,498.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			64,245.			64,245.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		78,946.						
		b Less: rental expenses						
		c Rental income or (loss)		78,946.				
	d Net rental income or (loss)			78,946.	78,946.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		1302534.						
		b Less: cost or other basis and sales expenses						
		1176285.						
	c Gain or (loss)			126,249.				
	d Net gain or (loss)			126,249.			126,249.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		353,560.				
b Less: direct expenses		b	107,279.					
c Net income or (loss) from fundraising events				246,281.			246,281.	
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a LAUNDRY, PHONE, MISC		624200	7,599.	7,599.				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			7,599.					
12 Total revenue. See instructions			8,016,509.	119,043.	0.	436,775.		

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,358,333.	1,358,333.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	473,229.	263,948.	179,113.	30,168.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,216,578.	2,456,799.	339,162.	420,617.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	533,865.	459,756.	37,281.	36,828.
10 Payroll taxes	267,265.	199,812.	36,286.	31,167.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	17,240.		17,240.	
g Other				
12 Advertising and promotion				
13 Office expenses	76,153.	22,283.	13,544.	40,326.
14 Information technology				
15 Royalties				
16 Occupancy	23,676.	23,676.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	86,139.	70,085.	9,329.	6,725.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	441,844.	363,376.	68,122.	10,346.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MAINTENANCE AND REPAIRS	309,894.	281,151.	21,917.	6,826.
b PASS THROUGH EXPENSES	281,025.	281,025.		
c UTILITIES	204,378.	190,619.	8,454.	5,305.
d CONSULTANTS AND OTHER P	179,067.	127,504.	43,852.	7,711.
e STAFF RECRUITMENT AND T	114,905.	31,148.	77,745.	6,012.
f All other expenses	310,192.	238,852.	47,514.	23,826.
25 Total functional expenses. Add lines 1 through 24f	7,893,783.	6,368,367.	899,559.	625,857.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,373,549.	2	2,681,549.
	3 Pledges and grants receivable, net	1,482,311.	3	1,498,335.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	122,325.	9	129,203.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 13,803,461.		
	b Less: accumulated depreciation	10b 3,981,684.	10c	9,821,777.
	11 Investments - publicly traded securities	1,245,513.	11	1,573,289.
	12 Investments - other securities. See Part IV, line 11	610,380.	12	667,003.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,164,171.	15	864,653.
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,176,138.	16	17,235,809.	
Liabilities	17 Accounts payable and accrued expenses	533,415.	17	606,447.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	950,597.	23	882,191.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,483,430.	25	3,447,937.
	26 Total liabilities. Add lines 17 through 25	4,967,442.	26	4,936,575.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,681,866.	27	10,013,809.
	28 Temporarily restricted net assets	2,526,830.	28	2,285,425.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	12,208,696.	33	12,299,234.
34 Total liabilities and net assets/fund balances	17,176,138.	34	17,235,809.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,016,509.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,893,783.
3	Revenue less expenses. Subtract line 2 from line 1	3	122,726.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,208,696.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-32,188.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,299,234.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?
- b Were the organization's financial statements audited by an independent accountant?
- c 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- b 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

SHELTER NETWORK

Employer identification number

77-0160469

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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, or 8 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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5595580.	5864059.	6756604.	6881171.	7460691.	32558105.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5595580.	5864059.	6756604.	6881171.	7460691.	32558105.
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)						17,711.
6 Public support. Subtract line 5 from line 4						32540394.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5595580.	5864059.	6756604.	6881171.	7460691.	32558105.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	157,124.	200,242.	121,023.	187,454.	190,494.	856,337.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						33414442.
12 Gross receipts from related activities, etc. (see instructions)				12	2,059,181.	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.38 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.57 %
16a 33 1/3% support test - 2010. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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

b 33 1/3% support tests - 2009. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **SHELTER NETWORK** Employer identification number **77-0160469**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 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, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items.
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 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
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b 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 XIV.
- 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" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 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" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,502,281.		2,502,281.
b Buildings		9,134,166.	3,202,641.	5,931,525.
c Leasehold improvements		909,789.		909,789.
d Equipment				
e Other		1,257,225.	779,043.	478,182.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,821,777.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BUILDING MAINTENANCE RESERVE	52,406.
(2) OTHER RECEIVABLE	1,923.
(3) UNCONDITIONAL PROMISE TO GIVE - FACILITY USE	806,174.
(4) RENT DEPOSITS	4,150.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	864,653.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) TENANT DEPOSITS	1,771.
(3) REFUNDABLE ADVANCES	3,377,916.
(4) DEFERRED REVENUE	68,250.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,447,937.

FIN 48 (ASC 740) Footnote: In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,016,509.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,893,783.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	122,726.
4	Net unrealized gains (losses) on investments	4	209,268.
5	Donated services and use of facilities	5	342,955.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-584,411.
9	Total adjustments (net). Add lines 4 through 8	9	-32,188.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	90,538.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,551,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	209,268.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	325,372.
e	Add lines 2a through 2d	2e	534,640.
3	Subtract line 2e from line 1	3	8,016,509.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,016,509.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,460,611.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	584,411.
e	Add lines 2a through 2d	2e	584,411.
3	Subtract line 2e from line 1	3	7,876,200.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	17,583.
c	Add lines 4a and 4b	4c	17,583.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,893,783.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

AMORTIZATION OF DISCOUNT - UNCONDITIONAL PROMISE TO GIVE -584,411.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES -17,240.

INVESTMENT - FOREIGN TAX -343.

IN-KIND CONTRIBUTION FOR FACILITY USE 342,955.

Part XIV Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 325,372.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

AMORTIZATION OF DISCOUNT - UNCONDITIONAL PROMISE TO GIVE 584,411.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES 17,240.

INVESTMENT - FOREIGN TAX 343.

TOTAL TO SCHEDULE D, PART XIII, LINE 4B 17,583.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL BREAKFAST EV (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	353,560.		353,560.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	353,560.		353,560.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	107,279.		107,279.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(107,279)
	11	Net income summary. Combine line 3, column (d), and line 10			246,281.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(_____)
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate 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 operate 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 operated in:

13a		%
13b		%

 - a The organization's facility
 - 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to 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).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: **SHELTER NETWORK** Employer identification number: **77-0160469**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>FOREGIVENESS</u>)	<input checked="" type="checkbox"/>	<u>2</u>	<u>114,840.</u>	
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		<input checked="" type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

SHELTER NETWORK

Employer identification number

77-0160469

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REDWOOD FAMILY HOUSE: A TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES

PROGRAM OF 3 TO 6 MONTHS DURATION SERVING HOMELESS FAMILIES LOCATED IN

REDWOOD CITY, CA. 45 FAMILIES, COMPRISED OF 62 ADULTS AND 73 CHILDREN

WERE SHELTERED AND RECEIVED SERVICES DURING THE COURSE OF THE PROGRAM

YEAR.

EXPENSES \$ 352,879. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,313.

FAMILY CROSSROADS: A TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES

PROGRAM OF 3 TO 6 MONTHS DURATION SERVING HOMELESS FAMILIES LOCATED IN

DALY CITY, CA. 46 FAMILIES, COMPRISED OF 75 ADULTS AND 92 CHILDREN WERE

SHELTERED AND RECEIVED SERVICES DURING THE COURSE OF THE PROGRAM YEAR.

EXPENSES \$ 362,905. INCLUDING GRANTS OF \$ 0. REVENUE \$ 728.

BRIDGES: A LONG TERM SCATTERED SITE TRANSITIONAL PROGRAM FOR HOMELESS

FAMILIES AND INDIVIDUALS. THIS PROGRAM PROVIDES RENTAL ASSISTANCE FOR

UP TO 12 MONTHS WHILE ADULTS COMPLETE VOCATIONAL TRAINING AND/ OR DEBT

REDUCTION. DURING THE PROGRAM YEAR 19 HOUSEHOLDS, COMPRISED OF 26

ADULTS AND 33 CHILDREN PARTICIPATED IN THE PROGRAM.

EXPENSES \$ 309,969. INCLUDING GRANTS OF \$ 0. REVENUE \$ 51,592.

FOLLOW-UP PROGRAM: PROVIDES SUPPORTIVE SERVICES TO FAMILIES AND

INDIVIDUALS WHO HAVE COMPLETED ONE OF OUR TRANSITIONAL PROGRAMS. THE

FOLLOW-UP PROGRAM IS DESIGNED TO PREVENT A RETURN TO HOMELESSNESS

THROUGH CONTINUED CASE MANAGEMENT AND REGULAR MEETINGS FOR PROGRAM

GRADUATES OFFERING A PEER FORUM TO DISCUSS LIFE-SKILLS ISSUES. DURING

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

SHELTER NETWORK

Employer identification number

77-0160469

THE COURSE OF THE PROGRAM YEAR 165 INDIVIDUALS AND 53 FAMILIES,
 COMPRISED 74 ADULTS AND 91 CHILDREN PARTICIPATED.

EXPENSES \$ 101,990. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MOTEL VOUCHER PROGRAM: PROVIDES SHORT TERM COMMERCIAL MOTEL
 ACCOMMODATIONS FOR UNSHELTERED HOMELESS FAMILIES AWAITING PLACEMENT IN
 EMERGENCY OR TRANSITIONAL SITE BASED PROGRAMS. DURING THE COURSE OF THE
 PROGRAM YEAR, 265 FAMILIES COMPRISED OF 410 ADULTS AND 444 CHILDREN
 RECEIVED AN AVERAGE OF ONE TO TWO WEEKS IN ONE OF THE 15 MOTELS WHO
 PROVIDE MOTEL SERVICES.

EXPENSES \$ 530,855. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOUSING FIRST PROGRAM: IS A SCATTERED SITE SHORT TERM FINANCIAL
 ASSISTANCE PROGRAM PROVIDING MOVE-IN ASSISTANCE AND RENT SUBSIDIES FOR
 HOMELESS FAMILIES AND INDIVIDUALS FOR UP TO 6 MONTHS. DURING THE
 PROGRAM YEAR 16 HOUSEHOLDS COMPRISED OF 24 ADULTS AND 29 CHILDREN
 PARTICIPATED IN THE PROGRAM.

EXPENSES \$ 272,440. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VENDOME HOTEL: A PERMANENT SUPPORTING HOUSING PROGRAM PROVIDING SINGLE
 ROOM OCCUPANCY (SRO) ACCOMMODATIONS AND CASE MANAGEMENT LOCATED IN SAN
 MATEO, CA. A TOTAL OF 17 FORMER CHRONICALLY HOMELESS INDIVIDUALS ARE
 PROVIDED HOUSING AND SUPPORTIVE SERVICES OVER THE COURSE OF THE PROGRAM
 YEAR.

EXPENSES \$ 183,571. INCLUDING GRANTS OF \$ 0. REVENUE \$ 59,716.

OUTREACH PROGRAM: A PROGRAM ENCOMPASSING SEVERAL PENINSULA CITIES WHICH
 PROVIDES UNSHELTERED HOMELESS INDIVIDUALS WITH SUPPORTIVE CASE

Name of the organization

SHELTER NETWORK

Employer identification number

77-0160469

MANAGEMENT SERVICES AND CONNECTS THEM TO SCREENING AND ASSESSMENTS, PRIMARY AND BEHAVIORAL HEALTH CARE, AND DENTAL CARE. OVER THE COURSE OF THE PROGRAM YEAR 724 CHRONICALLY HOMELESS INDIVIDUALS BENEFITTED FROM THE OUTREACH PROGRAM.

EXPENSES \$ 243,844. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP): A FEDERALLY FUNDED STIMULUS PROGRAM DESIGNED TO FACILITATE PERMANENT STABLE HOUSING THROUGH RENTAL ASSISTANCE FOR QUALIFYING HOUSEHOLDS. THIS PROGRAM HAS TWO MAIN GOALS: TO PREVENT HOMELESSNESS/ EVICTIONS AND TO FACILITATE SWIFT RE-HOUSING OF THE ALREADY HOMELESS THROUGH RENTAL SUBSIDIES OF UP TO \$5,000 PER HOUSEHOLD. HOUSEHOLDS RECEIVING ON-GOING HOUSING SUBSIDIES ARE REQUIRED TO PARTICIPATE IN CASE MANAGEMENT SERVICES AND A VARIETY OF LIFE-SKILLS TRAININGS AS A MEANS TO SUSTAINING PERMANENT STABLE HOUSING. A TOTAL OF 207 HOUSEHOLDS COMPRISING 280 ADULTS AND 159 CHILDREN PARTICIPATED IN THIS PROGRAM OVER THE COURSE OF THE FISCAL YEAR.

EXPENSES \$ 599,414. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHOLARSHIPS CREATE OPPORTUNITIES TO RAISE EMPLOYMENT (SCORE) PROGRAM: HOMELESS ADULTS AND THOSE AT EXTREME RISK OF BECOMING HOMELESS RECEIVE SCHOLARSHIPS TO SHORT TERM CAREER TRACK VOCATIONAL EDUCATION PROGRAMS. SCORE PARTICIPANTS WILL ALSO RECEIVE COUNSELING, GUIDANCE AND JOB PLACEMENT ASSISTANCE FROM A DEDICATE SCORE CASE MANAGER.

EXPENSES \$ 29,328. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THERE WERE CHANGES TO THE BYLAWS IN OCTOBER 2010.

032212
01-24-11

Name of the organization

SHELTER NETWORK

Employer identification number

77-0160469

IN JUNE 2011, THE ARTICLES OF INCORPORATION WERE AMENDED TO CHANGE THE NAME OF THE ORGANIZATION FROM "SHELTER NETWORK OF SAN MATEO COUNTY" TO "SHELTER NETWORK".

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS CHAIR AND FINANCE & PERSONNEL COMMITTEE CHAIR BEFORE BEING SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND ALL STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY. EMPLOYEES AND BOARD MEMBERS ARE REMINDED OF THIS POLICY PERIODICALLY OVER THE COURSE OF EACH FISCAL YEAR. BOARD MEMBERS, ADMINISTRATION AND PROGRAM STAFF ARE NOT ALLOWED TO ADVOCATE FOR VENDORS AND ALL MAJOR CONTRACTS REQUIRE 3 BIDS.

FORM 990, PART VI, SECTION B, LINE 15: SALARY RANGES ARE DETERMINED BY USING THE CENTER FOR NON-PROFIT MANAGEMENT COMPENSATION & BENEFITS SURVEY FOR NORTHERN CALIFORNIA. THE GUIDE IS THE PRODUCT OF 295 NON-PROFIT ORGANIZATIONS IN NORTHERN CALIFORNIA PARTICIPATING IN A SALARY AND BENEFITS SURVEY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE COMPANY WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 209,268.

DONATED SERVICES AND USE OF FACILITIES: 342,955.

AMORTIZATION OF DISCOUNT - UNCONDITIONAL PROMISE TO GIVE -584,411.

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

SHELTER NETWORK

Employer identification number

77-0160469

TOTAL TO FORM 990, PART XI, LINE 5

-32,188.

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

E-FILE

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization SHELTER NETWORK OF SAN MATEO COUNTY	Employer identification number 77-0160469
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1450 CHAPIN AVENUE, 2ND FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BURLINGAME, CA 94010	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SCOTT FLESHER

- The books are in the care of ▶ **1450 CHAPIN AVENUE, 2ND FLOOR - BURLINGAME, CA 94010**
 Telephone No. ▶ **650-685-5880** FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print	Name of exempt organization SHELTER NETWORK	Employer identification number 77-0160469
File by the extended due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 1450 CHAPIN AVENUE, 2ND FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURLINGAME, CA 94010	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SCOTT FLESHER

- The books are in the care of **▶ 1450 CHAPIN AVENUE, 2ND FLOOR - BURLINGAME, CA 94010**
Telephone No. **▶ 650-685-5880** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2012**

5 For calendar year _____, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ Maximie Kristofferson CPA** Date **▶ 1/25/2012**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization SHELTER NETWORK	Employer identification number 77-0160469
	Number, street, and room or suite no. If a P.O. box, see instructions 1450 CHAPIN AVENUE, 2ND FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURLINGAME, CA 94010	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SCOTT FLESHER

• The books are in the care of ▶ **1450 CHAPIN AVENUE, 2ND FLOOR - BURLINGAME, CA 94010**
 Telephone No. ▶ **650-685-5880** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2012**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ **EXECUTIVE DIRECTOR** Date ▶ _____