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Form 990-T	Exempt Organization Bu			ax Return	φ -	OMB No 1545-0687			
•	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 2018								
Department of the Treasury Internal Revenue Service	■ Go to www.irs gov/Form990T for instructions and the latest information ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) ■ Open to Public Inspection for 501(c)(3) Organizations Only								
A Check box if address changed	Name of organization (
B Exempt under section	Print SHELTER CARE MINISTRIES 36-3374370								
X 501(c) (3) 408(e) 220(e)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. 218 7TH STREET E Unrelated business activity code (See instructions)								
408A 530(a) 529(a)	City or town, state or province, country, and ZIP ROCKFORD, IL 61104	City or town, state or province, country, and ZIP or foreign postal code							
C Book value of all assets at end of year	F Group exemption number (See instructions.)	>							
994,7		rporation	501(c) trust	401(a) t	rust	Other trust			
	organization's unrelated trades or businesses.	1		the only (or first) unre					
	SEE STATEMENT 1			, complete Parts I-V If					
	plank space at the end of the previous sentence, complete P	arts I and	II, complete a Schedule	M for each additional	trade o	r			
business, then complete					7 ٧==	X No			
	the corporation a subsidiary in an affiliated group or a pare and identifying number of the parent corporation.	ent-subsia	lary controlled group?	▶ ∟	Yes	A NO			
	SARAH PARKER-SCANLON		Teleph	one number > 81	5-9	64-5520			
	d Trade or Business Income		(A) Income	(B) Expenses	Ī	(C) Net			
1a Gross receipts or sal	es				12.4				
b Less returns and allo		16							
2 Cost of goods sold (Schedule A, line 7)	2		WE KELLENDE					
3 Gross profit Subtrac	t line 2 from line 1c	3		YELYYYY MARE	STEELS STEELS				
4 a Capital gain net incor	ne (attach Schedule D)	4a		a elemente de la company	431				
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b							
c Capital loss deductio	n for trusts	4c			1,50,50				
	partnership or an S corporation (attach statement)	5			- July				
6 Rent income (Schedi	· · · · · · · · · · · · · · · · · · ·	6							
	ed income (Schedule E)	7							
	yalties, and rents from a controlled organization (Schedule F)	 							
	f a section 501(c)(7), (9), or (17) organization (Schedule G								
11 Advertising income (vity income (Schedule I)	10							
,	structions, attach schedule)	12			製造				
13 Total. Combine lines		13	0.	PERSONAL PROPERTY AND ASSESSMENT	79440-104				
	ns Not Taken Elsewhere (See instructions f		ions on deductions)						
(Except for	contributions, deductions must be directly connecte	d with the	e unrelated business	income)					
14 Compensation of of	icers, directors, and trustees (Schedule K)				14				
15 Salaries and wages	~				15				
16 Repairs and mainter	nance			-	16				
17 Bad debts	ons (See instructions for limitation rules) RECEIVE AND 2 2020 Form 4562)			-	17				
·	dule) (see instructions)	D	7	F	18				
19 Taxes and licenses	10/ JAN a a	70	<i>f</i>	-	19				
	ons (See instructions for limitation rules) 17 0 2 2021		21	g.	20	-			
22 Less depreciation of	Form 4562) aimed on Schedule A and elsewhere on return N	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	22a		22b				
23 Depletion	W, UT	√ ≊/	[220]	ı	23				
•	erred compensation plans	_ [24				
25 Employee benefit pr		~		T	25				
26 Excess exempt expe	-				26				
27 Excess readership c	osts (Schedule J)				27				
28 Other deductions (at	tach schedule)			· [_	28				
	dd lines 14 through 28			<u>_</u>	29	0.			
	axable income before net operating loss deduction. Subtrac			Ļ	30	0.			
	erating loss arising in tax years beginning on or after Janua	ary 1, 2018	3 (see instructions)	<u> </u>					
	axable income Subtract line 31 from line 30		-		32	0.			
823701 01-09-19 LHA F	or Paperwork Reduction Act Notice, see instructions					Form 990-T (2018)			

PTIN Date Check Print/Type preparer's name Preparer's signature self- employed Paid P00171692 DAVID R SCHROEPFER 12/19/19 DAVID R SCHROEPFER Preparer 39-0758449 Firm's name ► WIPFLI LLP Firm's EIN **Use Only** 4949 HARRISON AVENUE, SUITE 300 Phone no. 815.399.7700 Firm's address ► ROCKFORD, IL 61125-0407

Schedule A - Cost of Goods Sold. Enter	method of invent	ory valuation N/A					
1 Inventory at beginning of year 1					6		
2 Purchases 2		ne 6					
3 Cost of labor 3		from line 5. Enter here and in Part I,					
4 a Additional section 263A costs		line 2	7				
(attach schedule) 4a		8 Do the rules of section	oth respect to		Yes	No	
b Other costs (attach schedule) 4b		property produced or a	acquired	for resale) apply to		4	
5 Total Add lines 1 through 4b 5		the organization?					
Schedule C - Rent Income (From Real I (see instructions)	Property and	Personal Property L	.eased	I With Real Prop	erty)	····	
1 Description of property							
(1)							
(2)		_					
(3)						_	
(4)							
2 Rent receive	ed or accrued			0/.>0			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	d personal property (if the percentarsonal property exceeds 50% or if its based on profit or income)	ge	3(a) Deductions directly columns 2(a) an			<u> </u>
(1)							
(2)							
(3)	-						
(4)				<u>-</u>			
Total 0.	Total		0.				
(c) Total income. Add totals of columns 2(a) and 2(b). Ent here and on page 1, Part I, line 6, column (A)	.		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt-Financed	Income (see if	nstructions)					
		2 Gross income from or allocable to debt-		3 Deductions directly conr to debt-finance		erty	
Description of debt-financed property		financed property	(a) s	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)					1		
(2)	-						
(3)							
(4)							
debt on or allocable to debt-financed of or a property (attach schedule) debt-financed	adjusted basis ilocable to nced property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)		%					
(2)		%					
(3)		%					
(4)		%					
	/			ter here and on page 1, art I line 7 column (A)		nter here and on pag Part I, line 7, column (
Totals		•		0.	.		0.
Total dividends-received deductions included in column	8						0.

Schedule F - Interest, /	Annuitie	s, Royaltie					tion	S (see in:	struction	ns) '
			<u>'</u>	Controlled O	 	-	Γ_			
Name of controlled organizat	ion	2 Emplo identificat number	ion (loss) (se	related income e instructions)	4 To	otal of specified viments made	includ	rt of column 4 led in the cont zation's gross	rolling	6 Deductions directly connected with income in column 5
										-
(2)							-			
(3)								•		
(4)						•		_		
Nonexempt Controlled Organi	zations	·	· · ·		•					,
7 Taxable Income		inrelated income (see instructions)	loss) 9 Tota	f of specified payi made	ments	10 Part of colur in the controlli- gross	nn 9 tha ng orgai s income	nization's	11 De	eductions directly connected h income in column 10
(1)	-			-				,	 -	
(2)										
(3)	 									
(4)	 									
		,	1			Add colum Enter here and line 8, c	on page	1, Part I,	ł	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					>			0.		0.
Schedule G - Investme (see insti		ne of a Se	ction 501(c)(7), (9), or (17) Or	ganization				
1 Desc	ription of inco	me		2 Amount of	ıncome	3 Deduction directly connect (attach schedu	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
	·			Enter here and a Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru	=	Activity In	come, Other	Than Adv	ertisir	ng Income	, 365°,4	(#**\##################################	<u> </u>	0.
(See matte	I I I I I I I I I I I I I I I I I I I			A		I		I		
1 Description of exploited activity	unrelated	e from	3 Expenses directly connected with production of unrelated business income	4 Net incom from unrelated business (co minus columi gain compute through	I trade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity the is not unrelate business incor	nat ed	6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter her page 1, line 10,	Part I, col (A)	Enter here and on page 1, Part I, line 10 col (B)							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisir	na Incom	0.	0.	K. 17348 (747)	m V II	マラン か 200 3.3 V	ું અર્જા, ધુર્ય	Tank bestern	Paul Co	<u> </u>
				aclidated	Pasis					
Ra成績 Income From F		ais Repon	ted on a Cons	solidated	Dasis	•				
1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain comput rough 7		ол	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				200 A 200 E						
(2)					100 000 1 12 100 000 1 12 100 000 1 12					
(3)			-			E				
(4)							T.		•	李 亚马克第3
Totals (carry to Part II, line (5))	•	0.	0			,				0.

Form 990-T (2018) SHELTER CARE MINISTRIES Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								
(2)]	 -	
(3)								
(4)								
Totals from Part I	•	0.	0.				0.	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	>	0.	0.				0.	

Schedule K - Compensation of Officers, Di	rectors, and Trustees (see instruc	tions)	
1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		٠ %	,
Total Enter here and on page 1, Part II, line 14	-	•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THE ORGANIZATION HAS NO UNRELATED BUSINESS INCOME ACTIVITIES.

TO FORM 990-T, PAGE 1