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Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning $$	<u>J</u> UN 30, 2	2018				
<b>B</b> c	heck if oplicable:	C Name of organization	D Employer	identific	cation number			
	Address	SHELTER PARTNERSHIP, INC.						
	Name change	Doing business as		95-3	976214			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s						
	Final return/	520 S. GRAND AVE., SUITE 695		213-	688-2188			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts	G Gross receipts \$ 10,632,202.				
	Amende return	LOS ANGELES, CA 900/1	H(a) Is this a					
	Applica tion	F Name and address of principal officer: OOHN DEFAZIO	for subo	rdinates	? Yes X No			
	pending	520 S. GRAND AVE., STE 695, LOS ANGELES, CA	H(b) Are all subc	ordinates in	cluded? Yes No			
			527 If "No," a	attach a	list. (see instructions)			
		e: ► WWW.SHELTERPARTNERSHIP.ORG	H(c) Group ex					
			$\prime$ ear of formation: $1$	985  <u>n</u>	N State of legal domicile: CA			
Pa		Summary						
Ф		Briefly describe the organization's mission or most significant activities: COLLABOR	ATIVELY SO	DLVII	NG			
anc	_	HOMELESSNESS IN LOS ANGELES COUNTY.						
ar ii		Check this box   if the organization discontinued its operations or disposed of m	ore than 25% of its	1 1				
ŏ		Number of voting members of the governing body (Part VI, line 1a)			17			
8		Number of independent voting members of the governing body (Part VI, line 1b)			17			
es		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			13			
ivit		otal number of volunteers (estimate if necessary)			339			
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12			0.			
	b N	Net unrelated business taxable income from Form 990-T, line 34			5,235.			
			Prior Year		Current Year			
<u>e</u>		Contributions and grants (Part VIII, line 1h)	8,455,		10,210,262.			
len!		Program service revenue (Part VIII, line 2g)	200,9		324,410.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	Δ,.	305.	2,657. 50.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 657 0	• •				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,657,8 10,242,3		10,537,379. 9,410,464.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,242,	0.	0.			
		Renefits paid to or for members (Part IX, column (A), line 4)	1,000,3					
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,000,.	0.	0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  252,017.		٠.	0.			
Ä			690,2	257	832,864.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,932,8		11,305,452.			
		Revenue less expenses. Subtract line 18 from line 12	-3,274,9	969.				
- S	13 1	levertue less expenses. Subtract line 10 nont line 12	Beginning of Curre		End of Year			
ets c	<b>20</b> T	otal assets (Part X, line 16)	22,354,6		21,656,011.			
Asse Bal		otal assets (Part X, line 16)  otal liabilities (Part X, line 26)	100,		163,577.			
Net Assets or   Fund Balances		Net assets or fund balances. Subtract line 21 from line 20	22,254,3		21,492,434.			
	rt II	Signature Block						
Unde	r penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the b	est of my	knowledge and belief, it is			
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which prep		-	•			
				-				
Sigr	,	Signature of officer	Date					
Here		JOHN DEFAZIO, CHAIR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN			
Paid	1	NAZ AFSHAR		self-employ				
Prep		Firm's name ▶ GURSEY   SCHNEIDER LLP	Firm's	EIN▶	95-3309779			
Use	Only	Firm's address 1888 CENTURY PARK EAST, SUITE 900						
		LOS ANGELES, CA 90067-1735	Phone	no.31	0-552-0960			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

10,926,026.

Total program service expenses ▶

## Form 990 (2017) SHELTER PARTNERSHIP, INC. 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		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? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	in rea, complete conceans 2,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	in 100, complete conducto 2,1 art x	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	• •			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^`</del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		_ <u>-</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u></u>		<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
-	complete Schedule G. Part III	19		x
		-	200	-

# Form 990 (2017) SHELTER PARTNERSHIP, INC. 95-3976214 Page 4 Part IV Checklist of Required Schedules (continued) Yes No.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
J1		31		х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	"		
	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

## Form 990 (2017) SHELTER PARTNERSHIP, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				<u>Ш</u>					
				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	able gaming								
	(gambling) winnings to prize winners?		1c	X						
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	13								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
			3a	_X_	<u> </u>					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author									
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ınt)?	4a		X					
b If "Yes," enter the name of the foreign country:										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				37					
5a			5a 5b		X					
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have greater than \$100,000, and				7.7					
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	· ·								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	provided to the payor?	7-	Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-		7b	Λ						
С	to file Form 8282?	•	7c		x					
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	•	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		Х					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		Х					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t									
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:	1								
	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	)								
11	Section 501(c)(12) organizations. Enter:	ı								
а	Gross income from members or shareholders	1								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	•								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>)</b>								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.									
Ŋ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	,								
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  138									
	Did the experientian receive any neumants for indept tenning continue during the tay year?	<u> </u>	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b							
~	The state of the second			000						

Page 6 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 or note to any line in this Part VI					X
Sec	tion 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	1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	y other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
-	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	•	ŭ	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wenue C	rade )		Į.	
	(This occurred requests information about policies not required by the information	venue e	ouc.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
-				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	9			
12a				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			1_2		
·	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by max	pendent			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	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 arranger	nent wit	าล			
100				16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			100		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		<u> </u>
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	(Section	1 501(c)(3)s only) a	/ailahl		
.0	for public inspection. Indicate how you made these available. Check all that apply.	,0000101	. 33 r (5)(5)3 orny) at	anabit	-	
	X Own website Another's website X Upon request X Other (explain	in C-4	odulo O\			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coi			finano	ial	
19	statements available to the public during the tax year.	illot Of I	ntorost policy, and	mano	iai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	nke and	records:			
20	RUTH SCHWARTZ - 213-688-2188	no aliu				
	520 S. GRAND AVENUE, SUITE 695, LOS ANGELES, CA 90	0071				

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

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

#### 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	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_			l	1711 43		from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidual	tutior	Je.	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ALAN ADLER	3.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(2) BRIAN CULLINAN	3.00	J								_
DIRECTOR		Х						0.	0.	0.
(3) DANIEL MOREFIELD	3.00	ļ								
DIRECTOR	F 00	Х						0.	0.	0.
(4) JOHN DEFAZIO	5.00	٠,,							0	0
CHAIR	2 00	Х		Х				0.	0.	0.
(5) KEITH SHARP, ESQ.	3.00	.,							0	0
DIRECTOR (6) LOUISE OLIVER	3.00	Х						0.	0.	0.
SECRETARY	3.00	х		х				0.	0.	0.
(7) PETER BARKER	3.00	Α		Δ				· ·	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(8) THOMAS LANE	3.00							0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(9) WILLIAM WITTE	3.00	† <del></del>								
DIRECTOR		x						0.	0.	0.
(10) RONALD M. GRIFFITH	3.00								-	-
DIRECTOR		Х						0.	0.	0.
(11) KEVIN SULLIVAN	3.00									
TREASURER		Х		Х				0.	0.	0.
(12) JEFFREY KEAN	3.00									
DIRECTOR		Х						0.	0.	0.
(13) ERICH KLEIN	3.00									
DIRECTOR		Х						0.	0.	0.
(14) LANCE SIMON	3.00	1								
DIRECTOR		Х						0.	0.	0.
(15) RODNEY SWAN	3.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(16) ANDREA GIBSON	3.00	l								_
DIRECTOR	1 2 22	Х						0.	0.	0.
(17) GAIL Q. GIBSON	3.00	٠,,							_	_
DIRECTOR		X					<u> </u>	0.	0.	0.

732007 11-28-17 Form **990** (2017)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,			ghe	st C	compensated Employee	s (continued)				
(A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average	Position (do not check more than on				than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation	compensation		l	ount o	of
	(list any	-					Ť	from the	from related organization		l	other pensa	tion
	hours for	direct				٦		organization	(W-2/1099-MIS		ı	om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	,0,	l	anizati	
	organizations	trust	nal tru		yee	om pe						d relate	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	lndi	lnst	Officer	Key	High	For						
(18) TERRI KAPLAN	3.00	ļ											_
DIRECTOR	40.00	Х				-		0.		0.			0.
(19) RUTH SCHWARTZ	40.00	4						110 000					^
EXECUTIVE DIRECTOR		<u> </u>		Х		-		110,920.		0.			0.
		4											
		<u> </u>				-							
		-											
						-							
		1											
		<u> </u>				-							
		1											
						<del> </del>				$\longrightarrow$			
		1											
						+				$\overline{}$			
		1											
		<u> </u>				+							
		1											
4h Cub total			<u> </u>		<u> </u>	<u> </u>		110,920.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI								110,920.		0.			0.
d Total (add lines 1b and 1c)							) o r	•	000 of reportable				<u> </u>
compensation from the organization	ot illilited to th	1036	IISLE	u al	JOVE	<i>5)</i> WI	10 16	eceived more triair \$100,	ooo or reportable	,			1
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director or tri	iste	⊃ ke	v er	nnlo	wee	or	highest compensated er	mnlovee on	1			
line 1a? If "Yes," complete Schedule J for s	•			•	•	•		•			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•							•	•		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com					,			J			5		Х
Section B. Independent Contractors	iproto Corrodar	0 0 1	0, 0.	,,,,,	00,0	,011							
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of com	oensa <sup>6</sup>	tion fro	m	
the organization. Report compensation for													
(A)								(B)			(C	;)	
Name and business	address	N	INC	3				Description of s	services		ompe	nsatior	1
2 Total number of independent contractors (i		ot lir	nite	d to		_	sted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation					)					_	990 <i>(c</i>	

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
يَ ق		Fundraising events		338,372.				
ffs, r A		Related organizations		•				
ığ.		Government grants (contributi		260,000.				
Sir		All other contributions, gifts, grant		, -				
et j	•	similar amounts not included abov	· I I	9,611,890.				
S	~	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	8,955,198.				
Š	_	Total. Add lines 1a-1f			10,210,262.			
<u> </u>		Total. Add lines 12 11		Business Code				
	2 a	CONSULTING SERVICES		541610	324,410.	324,410.		
ίς	2 a b				,	,		
ser Iue								
Z S	c d							
gra Re	u							
Program Service Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f			324,410.			
	3	Investment income (including			, -			
	_	other similar amounts)			2,559.			2,559.
	4	Income from investment of tax			,			,
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a	Gross rents	(7) 1154.	()				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	9,592.	· · ·				
	b	Less: cost or other basis	,					
		and sales expenses	9,494.					
	С	Gain or (loss)	98.					
		Net gain or (loss)			98.			98.
e		Gross income from fundraising	g events (not	,				
Other Revenu		including \$ 338,						
Re		contributions reported on line	•	85,329.				
Ē		Part IV, line 18						
₹		Less: direct expenses			0.			
		Net income or (loss) from fund Gross income from gaming ac	-	<b>&gt;</b>	J.			
	Эа	• •						
	h	Part IV, line 19						
		Less: direct expenses  Net income or (loss) from gam		`				
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	SURVEY INCOME		611710	50.			50.
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d			50.			
	12	Total revenue. See instructions.			10,537,379.	324,410.	0.	2,707.

## Form 990 (2017) SHELTER PARTNERSHIP, INC. Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor		•	nplete column (A).	
	·	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,410,464.	9,410,464.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	111,459.	81,547.	11,682.	18,230.
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	750,508.	549,100.	53,208.	148,200.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	111,348.		10,173.	14,449. 14,548.
10	Payroll taxes	88,809.	68,634.	5,627.	14,548.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	24,071.	18,904.	1,857.	3,310.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	29,524.	17,417.	9,564.	2,543.
12	Advertising and promotion				
13	Office expenses	32,941.	25,325.	3,008.	4,608.
14	Information technology				
15	Royalties				
16	Occupancy	125,823.		13,573.	23,188.
17	Travel	17,377.	13,032.	1,738.	2,607.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	000 000	204 124		
22	Depreciation, depletion, and amortization	307,267.		2,499.	3,632.
23	Insurance	36,751.	32,486.	1,574.	2,691.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	E 4 000	E 4 000		
а	REPAIRS AND MAINTENANCE	74,983.			
b	INVENTORY OBSOLESCENCE	60,990.	60,990.		
С	WAREHOUSING	24,566.	24,566.	1 743	0 504
d	TELEPHONE	21,158.	16,881.	1,743.	2,534.
	All other expenses	77,413.	54,773.	11,163.	11,477.
25	Total functional expenses. Add lines 1 through 24e	11,305,452.	10,926,026.	127,409.	252,017.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (004=)

Form 990 (2017)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			501,835.	1	468,319.
	2	Savings and temporary cash investments			250,000.	2	250,000.
	3	Pledges and grants receivable, net			97,775.	3	146,597.
	4	Accounts receivable, net		73,627.	4	158,914.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			15,252,820.	8	14,727,071.
	9	B		7,300.	9	14,727,071. 13,929.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,254,528.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,363,347.	6,171,335.	10c	5,891,181.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			22,354,692.	16	21,656,011.
	17	Accounts payable and accrued expenses			100,528.	17	163,577.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
litie		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			100,528.	26	163,577.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			0 005 545		0 050 040
ııc	27	Unrestricted net assets			2,995,717.		2,959,213.
3ala	28	Temporarily restricted net assets			19,258,447.	28	18,533,221.
Jd E	29					29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958	s), check here 🕨 📖			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
et/	32	Retained earnings, endowment, accumulated in			00 05: 15:	32	04 460 404
Z	33	Total net assets or fund balances			22,254,164.	33	21,492,434.
	34	Total liabilities and net assets/fund balances			22,354,692.	34	21,656,011.

						_		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	,53	7,3	79.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	, 30!	5,4	52.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-768	3,0	73.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 22,							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(	5,3	43.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	21	, 492	2,4	34.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it					
	Act and OMB Circular A-133?	-		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t [					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SHELTER PARTNERSHIP, INC.

Employer identification number 95-3976214

Pa	art I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found						
1	$\sqcap$	A church, convention of ch	•	•	•	•	I)(A)(i).	
2	Ħ	A school described in <b>sect</b>					· / · · · / · ·	
3	Ħ	A hospital or a cooperative		•			ii\	
4	H	A medical research organiz					•	the hospital's name
4			ation operated in cor	ijunction with a nospital	described	i iii Sectio	ii iro(b)( i)(A)(iii). Litter	the nospital s hame,
_		city, and state:	or the benefit of a col	llaga ar university avena	l ar anarat	ad by a ga	warmantal unit dagarib	ad in
5		An organization operated for		nege or university owned	or operati	ed by a go	vernmental unit describe	eu in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local government	-					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general <sub>l</sub>	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the r	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section !	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	-					
a		Type I. A supporting orga	* *			-		aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_		
		organization. You must o			,, -			9
k		Type II. A supporting org	-		ion with its	s supporte	ed organization(s) by hav	vina
•		control or management o	•					-
		organization(s). You mus			arric persor	ns that co	ntion of manage the supp	Jorted
		Type III functionally inte	-		in connect	tion with	and functionally integrate	ad with
•	, L	its supported organization	-				• •	with,
		¬ ''		·				ration(a)
C		☐ Type III non-functionally	= ::				• • • • •	
		that is not functionally int	-		•			veness
		requirement (see instructi	•	-				
e	•	☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	• .	nally integrated supporti	ng organiz	ation.		
1		er the number of supported o						
		vide the following information  (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	'	organization	(11) 2.114	(described on lines 1-10		ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
	al							
							Ī.	i

## Schedule A (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. 95-3976 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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
1	membership fees received. (Do not						
i	nclude any "unusual grants.")	18341973.	11700193.	9583049.	8456880.	10290745.	58372840.
2	Tax revenues levied for the organ-						
į	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
1	furnished by a governmental unit to						
1	the organization without charge						
4	Total. Add lines 1 through 3	18341973.	11700193.	9583049.	8456880.	10290745.	58372840.
5	The portion of total contributions						
1	by each person (other than a						
9	governmental unit or publicly						
;	supported organization) included						
•	on line 1 that exceeds 2% of the						
;	amount shown on line 11,						
•	column (f)						10423045.
	Public support. Subtract line 5 from line 4.						47949795.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	18341973.	11700193.	9583049.	8456880.	10290745.	58372840.
8	Gross income from interest,						
•	dividends, payments received on						
;	securities loans, rents, royalties,						
	and income from similar sources	1,790.	1,455.	1,486.	1,594.	2,707.	9,032.
	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			400			
	assets (Explain in Part VI.)	27,627.		132.			27,759.
	Total support. Add lines 7 through 10						58409631.
	Gross receipts from related activities,	•	,			12	
	First five years. If the Form 990 is for						
Sec	organization, check this box and <b>sto</b> tion C. Computation of Publi	p here Per	centage				<b>P</b>
				olumn (f)		14	82.09 %
	Public support percentage for 2017 (I					15	25.51
	Public support percentage from 2016 33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
	33 1/3% support test - 2016. If the					or more check th	
	and <b>stop here.</b> The organization qual						. $\Box$
	10% -facts-and-circumstances test					and line 14 is 10%	
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				•	-	
	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				<b>.</b>
				•	, check this box a		······································

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

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

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 organ- ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						<b>.</b>
	ction C. Computation of Publi					T 1	
	Public support percentage for 2017 (li			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2017. If the						/ is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec	ck this box and st	<b>top here.</b> The orga	inization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶□

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	_		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	- 50		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	40-		
	10a		
	10b		
a	90 or 99	0-F7	2017

Par	Part IV   Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the follow	owing persons?		
а	a A person who directly or indirectly controls, either alone or together with	n persons described in (b) and (c)		
	below, the governing body of a supported organization?	<u>11a</u>		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Ye	s" to a, b, or c, provide detail in Part VI. 11c		
Sect	Section B. Type I Supporting Organizations		1	Ι
	4 6:11		Yes	No
	regularly appoint or elect at least a majority of the organization's director	9		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	controlled the organization's activities. If the organization had more than			
	describe how the powers to appoint and/or remove directors or trustees			
	organizations and what conditions or restrictions, if any, applied to such  Did the organization operate for the benefit of any supported organization	pewere daring the tax year.		
	organization(s) that operated, supervised, or controlled the supporting of			
	Part VI how providing such benefit carried out the purposes of the supp	· ·		
	supervised, or controlled the supporting organization.	2		
	Section C. Type II Supporting Organizations	·		
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax	year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If	No," describe in Part VI how control		
	or management of the supporting organization was vested in the same p	ersons that controlled or managed		
	the supported organization(s).	1		
Sect	Section D. All Type III Supporting Organizations		_	
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by t	the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amou			
	year, (ii) a copy of the Form 990 that was most recently filed as of the da			
	organization's governing documents in effect on the date of notification			
	organization(s) or (ii) serving on the governing body of a supported orga	· ·		
	the organization maintained a close and continuous working relationship			
	3 By reason of the relationship described in (2), did the organization's sup significant voice in the organization's investment policies and in directin			
	income or assets at all times during the tax year? If "Yes," describe in F			
	supported organizations played in this regard.	are vi the role the organization's		
Sect	Section E. Type III Functionally Integrated Supporting Orga	ınizations		
а				
b				
С	c The organization supported a governmental entity. Describe in Pa	art <b>VI</b> how you supported a government entity (see instruction	ns) <u>.                                    </u>	
2			Yes	No
а	a Did substantially all of the organization's activities during the tax year di	rectly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive	? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities direc	tly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, a	and how the organization determined		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
	,			
	of the organization's supported organization(s) would have been engage			
	reasons for the organization's position that its supported organization(s)			
	activities but for the organization's involvement.	<u>2b</u>		
		vity of the officers divestors or		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part b.</b> Did the organization exercise a substantial degree of direction over the			
	b Did the organization exercise a substantial degree of direction over the of its supported organizations? If "Yes." describe in Part VI the role pla			
	5 Supported organizations. II Tes. Describe III I die 1 III I III I III I III	Ved by the Ordanization in this redaid.		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	lov. 20, 1970 (explain in F	Part VI.) See instructions. A	
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting oras	nization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2017

Sche <b>Par</b>	dule A (Form 990 or 990-EZ) 2017 SHELTER PARTN			5-3976214 Page 7
Secti	on D - Distributions	<u> </u>	(oonanada)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	Г	Т	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f_	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 SHELTER			95-3976214 Page 8
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4d line 1; Part IV, Section D, lines 2 and 3; Pasection D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 1, 2, 3b, 3c, 4b, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d	de the explanations require c, 5a, 6, 9a, 9b, 9c, 11a, 1 urt IV, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 17 1b, and 11c; Part IV, Section B, line 2a, 2b, 3a, and 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

S	SHELTER PARTNERSHIP, INC.	95-3976214				
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.				
For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota ny one contributor. Complete Parts I and II. See instructions for determining a contribu					
Special Rules						
sections 509(a)(1 any one contribu	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

## SHELTER PARTNERSHIP, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$2,858,895.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$ <u>1,252,547.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 349,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$213,232.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$501,141.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		

## SHELTER PARTNERSHIP, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>471,975.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 681,555.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 363,593.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## SHELTER PARTNERSHIP, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CLOTHING, SHOES, SOCKS, HOUSEHOLD ITEMS, FURNITURE, PERSONAL CARE ITEMS		
		\$ 2,858,895.	11/01/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	BABY, TODDLER AND CHILDREN'S ITEMS AND CLOTHING, HOUSEHOLD GOODS, PERSONAL CARE ITEMS	-	
		\$ <u>1,252,547.</u>	05/31/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	CLOTHING, SHOES, PURSES	-	
		\$\$ <u>731,657.</u>	07/14/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PERSONAL CARE ITEMS	-	
		\$ 349,333.	12/14/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	CHILDREN'S CLOTHING, TOYS	-	
		\$ 213,232.	06/28/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	SWEATSHIRTS, SWEATPANTS, UNDERWEAR, SOCKS	- -	
		\$	09/11/17

### SHELTER PARTNERSHIP, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SOCKS		
7			
		\$\$	08/22/17
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(ccc mea detienel)	
8	CLOTHING, SHOES		
		<del></del>	
		\$681,555.	05/17/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· urti	BLANKETS		
9			
		\$ 363,593.	12/13/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(2)			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
3/53 11-01		\$	90 990-F7 or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number SHELTER PARTNERSHIP, INC.

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	) (see separate instructions), then	iona, Camplata Dart III			
	Section 501(c)(4), (5), or (6) organizat	lons. Complete Part III.		Emp	loyer identification number
	•	PARTNERSHIP, INC	_		95-3976214
Pa	art I-A   Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •		S
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)	).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	<b>▶</b> \$	S
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955	<b>▶</b> \$	S
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				.1/0)
	Enter the amount directly expended	anization is exempt under			
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and en made payments. For each organization received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here and  1120-POL for this year?  nployer identification number (EIN) tion listed, enter the amount paid fomptly and directly delivered to a second	of all section 527 politrom the filing organiza separate political organ	ical organizations to which tion's funds. Also enter the ization, such as a separate	Yes No n the filing organization e amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (F	Form 990 or 990-EZ) 2017	SHELT	ER PAR	TNERSHIP. I	NC.	95-3	3976214	Page 2
Part II-A	Complete if the org	janizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection und	ler
A Check	expenses, and share	re of exces	s lobbying e	expenditures).	Part IV each affiliated	group member's nam	e, address, E	EIN,
B Check ▶	if the filing organiza	ation check	ed box A ar	nd "limited control" pro	visions apply.	(a) Filing	(b) Affiliate	ad avarra
			oying Exper eans amou	nditures ints paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliate tota	• .
1a Total lo	bbying expenditures to influ	uence publ	ic opinion (g	grass roots lobbying)				
	bbying expenditures to influ							
c Total lo	bbying expenditures (add li	ines 1a and	l 1b)					
	xempt purpose expenditure							
e Total ex	kempt purpose expenditure	es (add lines	s 1c and 1d	)				
<b>f</b> Lobbyir	ng nontaxable amount. Ente	er the amo	unt from the	e following table in bot	n columns.			
If the an	nount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:			
Not ove	er \$500,000		20% of 1	the amount on line 1e.				
	500,000 but not over \$1,000			00 plus 15% of the exc	·			
	1,000,000 but not over \$1,5			00 plus 10% of the exc				
	1,500,000 but not over \$17,	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.			
Over \$1	7,000,000		\$1,000,0	000.				
<b>q</b> Grassro	oots nontaxable amount (en	nter 25% of	line 1f)					
	ct line 1g from line 1a. If zer							
	ct line 1f from line 1c. If zero							
	is an amount other than ze						•	
reportin	ng section 4911 tax for this	year?					Yes	☐ No
				eraging Period Under				
	(Some organizations t			01(h) election do not la	•	of the five columns b	elow.	
		Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		_	
	Calendar year al year beginning in)	(a) 2	2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) T	otal
2a Lobbyir	ng nontaxable amount							
•	ng ceiling amount of line 2a, column(e))							
<b>c</b> Total lo	bbying expenditures							
<b>d</b> Grassro	oots nontaxable amount							
	oots ceiling amount							
	of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. 95-3976214 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X		(*)	3,000.
j Total. Add lines 1c through 1i			(*)	3,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	o), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
i vicio dabbiantiany an (0070 or more) dace received nondedabible by mornibers:		1		
• • • • • • • • • • • • • • • • • • • •				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying expenditures from the carry over lobbyi</li></ul>	he prior year	2	tion	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the line organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	he prior year on 501(c)(5	2 3 5), or sec		e 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the lile.</li> <li>Complete if the organization is exempt under section 501(c)(4), section is exempt under section 501(c)(4).</li> </ul>	he prior year on 501(c)(5	2 3 5), or sec		e 3, is
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<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> </ul>	he prior year on 501(c)(§ "No," OR	2 3 5), or sec (b) Part		e 3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover	he prior year's on 501(c)(s "No," OR ical	2 3 3 5), or sec (b) Part 1 2a 2b 2c 3 4 5	nd 2 (see	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set he organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART II-B, LINE 1, LOBBYING ACTIVITIES:  THE ORGANIZATION WROTE LETTERS, E-MAILS, MADE PHONE Cambridge in the cambridge of the cambri	he prior year' on 501(c)(s "No," OR ical cess political clist); Part II-	2 3 3 5), or sec (b) Part 1 2a 2b 2c 3 4 5	nd 2 (see	
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SHELTER PARTNERSHIP, INC. **Employer identification number** 95-3976214

Part	t I Organizations Maintaining	g Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on F	Form 990, Part IV, line		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during			
	Aggregate value of grants from (during ye			
	Aggregate value at end of year			
	Did the organization inform all donors and		_	
	are the organization's property, subject to			
	Did the organization inform all grantees,			
	for charitable purposes and not for the be			
Part	impermissible private benefit?t II Conservation Fasements		nization answered "Yes" on Form 990	
				o, Fait IV, line 7.
1	Purpose(s) of conservation easements he Preservation of land for public use	, ,	`	istorically important land area
	Protection of natural habitat	(e.g., recreation or eut	· —	ertified historic structure
	Preservation of open space		Freservation of a co	ertified historic structure
2	Complete lines 2a through 2d if the organ	nization held a qualifie	d conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.	mzation neid a qualifie	a conservation contribution in the for	Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation			اما
	Number of conservation easements on a			
	Number of conservation easements inclu			
	listed in the National Register	` ' '	,	
	Number of conservation easements mod			
	year <b>&gt;</b>	,	, , ,	c c
4	Number of states where property subject	to conservation easer	ment is located >	
5	Does the organization have a written poli	cy regarding the perio	dic monitoring, inspection, handling o	 If
,	violations, and enforcement of the conse	rvation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to more	nitoring, inspecting, ha	andling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitori	ng, inspecting, handlir	ng of violations, and enforcing conserv	vation easements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement report	ted on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization	n reports conservation	easements in its revenue and expens	se statement, and balance sheet, and
i	include, if applicable, the text of the footi	note to the organizatio	n's financial statements that describe	s the organization's accounting for
_	conservation easements.	<u> </u>		
Part			Art, Historical Treasures, or C	otner Similar Assets.
	Complete if the organization answ			
	If the organization elected, as permitted u	•	•	·
		· ·		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial sta			
	, .	•	•	nt and balance sheet works of art, historical
		public exhibition, edu	cation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part			
	(ii) Assets included in Form 990, Part X			<u>'</u>
	If the organization received or held works			cial gain, provide
	the following amounts required to be rep			<b>&gt;</b> 0
	Revenue included on Form 990, Part VIII,			
ם מ	Assets included in Form 990, Part X			<b>&gt;</b> \$

_					easures, o				ICOITUI	<u>iueu)</u>	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t are a sig	nificant u	se of its	collection	items	3
	(check all that apply):										
а	Public exhibition	c	i 🔲 I	Loan or exc	change progra	ams					
b	Scholarly research	e	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes		No
Pa	rt IV Escrow and Custodial Arrang								line 9, or	,	
	reported an amount on Form 990, Par			_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?							[	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е											
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						ty?	<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					
Pa	rt V Endowment Funds. Complete it	f the organization an	swered '	"Yes" on Fo	orm 990, Part	: IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a	i)) held as:	•			•		
а			%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses		ation that	are held a	nd administe	red for the	e organiza	ation			
	by:	-								Yes	No
	(i) unrelated organizations								3a(i)		
	(22) and a final annual in a final and								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	ed	( <b>d</b> ) Boo	k valu	ie
1a	Land										
	Buildings			8,84	2,266.	2,9	99,71	L5.	5,84	2,5	51.
	Leasehold improvements										
d				41	2,262.	3	63,63	32.	4	8,6	30.
е	Other										
Tota	<b>il.</b> Add lines 1a through 1e. <i>(Column (d) must e</i> e	gual Form 990, Part	X. colum	n (B), line 1	Oc.)			ightharpoons	5,89	1,1	81.

Schedule D (Form 990) 2017

Complete if the organization answered Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name or security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely-held equity interests (g)	Schedule D (Form 990) 2017 SHELTER PAR Part VII Investments - Other Securities.	THURDHIE,	TT4C •	95-53	76214 Page
(a) Description of security or category (rectuding rame of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Closely-held equity interests (e) Closely-held equity interests (f) Closely-held equity interests (g) Closely-held equity interests		on Form 990 Part IV	line 11h See Form 990	Part X line 12	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					ear market value
(2) Closely-held equity interests (3) Other (4) (6) (7) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		()	(-,		
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(B) (C) (C) (E) (F) (G) (G) (H) (F) (G) (H) (H) (F) (G) (H) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(D) (E) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(B)				
(E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.)  Part IX Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25.  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25.	(C)				
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XI Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X col. (B) line 15.)  (a) Description (b) Book value (1) (c) Google if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(D)				
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year value (e) Method of valuation: Cost or end-of-year value (e) Method of valuation: Cost or end-of-year value	(E)				
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (h) Book value	(F)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.	(G)				
Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, line 15.  (b) Book value (1)  (c) Method of valuation: Cost or end-of-year market value (c) Method of					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (h) Book value					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (7) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X col. (B) line 15.)  ▶ Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value		(b) Book value	(c) Method of V	valuation: Cost or end-of-ye	ear market value
(3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
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(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.	• •				
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
[9]  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
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(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value		•	•		
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(a)	Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(1)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(2)				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(3)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(4)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(9)  Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	Total. (Column (b) must equal Form 990. Part X, col. (B) line  Part X Other Liabilities	e <u>15.)                                    </u>		<b>&gt;</b>	
1. (a) Description of liability (b) Book value		on Form OOO Dod N	line 11e er 11f Cee Farm	000 Dort V 1:00 05	
<del></del>	(-) December Control (Color)	on Form 990, Part IV	•	11 990, Fait A, IIIIe 23.	
			(a) Book value	-	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI	Recond	ciliation	of Revenue	per Au	idited	Financial	<b>Statements</b>	With	Revenue	per Return	٦.

. u	neconciliation of nevertide per Addited I mancial State					
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,617,	862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	67,797.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	12,686.			
е	Add lines 2a through 2d			2e		483.
3	Subtract line 2e from line 1			3	10,537,	<u>379.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u> </u>
	- · ·					270
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,537,	3/9.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With		5 Retur		3/9.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F	5 Retur	n.	
5 <b>Pa</b> :	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With 12a.	Expenses per F	5 Retur		
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F		n.	
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With 12a.	Expenses per F		n.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. <b>2a</b>	Expenses per F		n.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	67,797.		n.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F		n.	592.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	67,797. 6,343.		n. 11,379, 74,	592.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	67,797. 6,343.	1	n.	592.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	67,797. 6,343.	1 2e	n. 11,379, 74,	592.
1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	67,797. 6,343.	1 2e	n. 11,379, 74,	592.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	67,797. 6,343.	1 2e	n. 11,379, 74,	592. 140. 452.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	67,797. 6,343.	1 2e	n. 11,379, 74,	140. 452.

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

SHELTER PARTNERSHIP, INC. IS A TAX-EXEMPT CORPORATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE

AND TAXATION CODE OF THE STATE OF CALIFORNIA. SHELTER PARTNERSHIP, INC.

DOES NOT HAVE ANY REVENUE WHICH IT BELIEVES WOULD SUBJECT IT TO UNRELATED

BUSINESS INCOME TAXES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND

HAS CONCLUDED THAT AS OF JUNE 30, 2018, THERE WERE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN. ACCORDINGLY, NO INTEREST OR

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS WERE ACCRUED IN THE FINANCIAL

STATEMENTS. AT JUNE 30, 2018, THE OPEN TAX YEARS FOR SHELTER PARTNERSHIP,

INC. WERE 2013 TO 2017.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

compensated at least \$5,000 by the organization.

(i) Name and address of individual

or entity (fundraiser)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Schedule G (Form 990 or 990-EZ) 2017

Name of the organization Employer identification number SHELTER PARTNERSHIP 95-3976214 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(ii) Activity

(iii) Did fundraiser have custody or control of contributions?

Yes No

(iv) Gross receipts

from activity

Total						
3 List all states in which the or or licensing.	rganization is registered or lic	censed to solicit contri	butions	or has been notified	l it is exempt from re	gistration

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

95-3976214 Page 2 Schedule G (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL (add col. (a) through 10K RUN DINNER col. (c)) (event type) (event type) (total number) 409,477. 9,261. 4,963. 423,701. 1 Gross receipts 9,261. 4,963. 324,148. 338,372. 2 Less: Contributions 85,329. 85,329. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 48,376. 48,376. 7 Food and beverages 8 Entertainment 36,953. 36,953. 9 Other direct expenses ..... 85,329. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d)

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

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**9** Enter the state(s) in which the organization conducts gaming activities:

Schedule G	Form 9	aan or	990-F71	2017
Scriedule G	(FUIIII 8	990 01	99U-LZ)	2017

**b** If "No," explain: \_

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. 95-3	9/0	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	i		
а	The organization's facility	13a		%
b	An outside facility	13b		%
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	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	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:			
	ı Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	☐ No
	retain the state gaming license?	ш	162	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \( \bigs\) \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	0 (	N- 40	. 456
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ies 9, 9	96, 10	o, 15b,

Schedule G	i (Form 990 or 990-EZ)	SHELTER	PARTNERSHIP,	INC.	95-3976214	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation <sub>(contin</sub>	ued)			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

LONG BEACH U.S. VETERANS

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) UNION RESCUE MISSION TO ASSIST THE ENTITY WITH FAIR MARKET 545 S. SAN PEDRO STREET RESOURCES TO SUPPORT THE 95-1709293 501(C)(3) 0 277,456. VALUE VARTOUS GOODS HOMELESS LOS ANGELES, CA 90013

INITIATIVE - 2001 RIVER AVENUE -FAIR MARKET RESOURCES TO SUPPORT THE 95-4382752 501(C)(3) 255 843. VALUE HOMELESS LONG BEACH, CA 90810 0 VARIOUS GOODS FOSTER CARE COUNTS TO ASSIST THE ENTITY WITH 11111 SANTA MONCIA BLVD. SUITE 165 FAIR MARKET RESOURCES TO SUPPORT THE LOS ANGELES, CA 90025 45-4619493 501(C)(3) 0 253,928. VALUE VARTOUS GOODS HOMELESS. HOPE OF THE VALLEY RESCUE MISSION TO ASSIST THE ENTITY WITH 11134 SEPULVEDA BLVD FATR MARKET RESOURCES TO SUPPORT THE 27-2053273 501(C)(3) 207,251. VALUE MISSION HILLS CA 91345 0 VARTOUS GOODS HOMELESS. HOMELESS HEALTH CARE LOS ANGELES TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE 2330 BEVERLY BLVD. FATE MARKET 95-4074970 501(C)(3) 157 219 VALUE HOMELESS. LOS ANGELES, CA 90057 0. VARTOUS GOODS

0.

FATR MARKET

VARIOUS GOODS

156 637. VALUE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

95-4336420 501(C)(3)

≥ 254. ≥ 254.

TO ASSIST THE ENTITY WITH

RESOURCES TO SUPPORT THE

HOMELESS.

TO ASSIST THE ENTITY WITH

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

3

SHIELDS FOR FAMILIES

LOS ANGELES, CA 90047

11601 S. WESTERN AVENUE

	<i>(</i> , ) =	( )					
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE SAN FERNANDO VALLEY							
COMMUNITY MENTAL HEALTH CTR., INC.							TO ASSIST THE ENTITY WITH
- 14660 OXNARD STREET - VAN NUYS,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91411	95-6194487	501(C)(3)	0.	146,236.	VALUE	VARIOUS GOODS	HOMELESS.
MARY LIND RECOVERY CENTERS SOCIAL							
MODEL RECOVERY SYSTEMS, INC 360							TO ASSIST THE ENTITY WIT
SOUTH WESTLAKE AVE LOS ANGELES,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 90057	95-4079133	501(C)(3)	0.	142,315.	VALUE	VARIOUS GOODS	HOMELESS.
AIDS PROJECT LOS ANGELES							TO ASSIST THE ENTITY WITH
					EXID MADEEM		
611 SOUTH KINGSLEY DRIVE	05 2042506	E01/G)/3)	0.	120 275	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90005	95-3842506	501(C)(3)	0.	139,375.	VALUE	VARIOUS GOODS	HOMELESS.
HUNTINGTON PARK THE SALVATION ARMY							TO ASSIST THE ENTITY WIT
2965 E GAGE AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
HUNTINGTON PARK, CA 90255	94-1156347	501(C)(3)	0.	138,021.	VALUE	VARIOUS GOODS	HOMELESS.
CHRISTIAN OUTREACH APPEAL							TO ASSIST THE ENTITY WIT
515 EAST 3RD STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90802	33-0008271	501(C)(3)	0.	136,777.	VALUE	VARIOUS GOODS	HOMELESS.
WENDER OF GOWDINGTON							TO AGGICE THE TAXABLE LITTLE
HEART OF COMPASSION 600 S. MAPLE AVENUE					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
	42-1573926	E01/G\/2\	0.	122 440		WARTOUG GOODG	
MONTEBELLO, CA 90640	42-15/3920	501(C)(3)	0.	123,440.	VALUE	VARIOUS GOODS	HOMELESS.
PROTOTYPES HEALTHRIGHT 360							TO ASSIST THE ENTITY WIT
845 E. ARROW HWY					FAIR MARKET		RESOURCES TO SUPPORT THE
POMONA, CA 91767	95-4092046	501(C)(3)	0.	110,979.	VALUE	VARIOUS GOODS	HOMELESS.
DEEP GREEN HOUSING & COMMUNITY							TO ASSIST THE ENTITY WIT
DEVELOPMENT - 400 W. 9TH STREET,					FAIR MARKET		RESOURCES TO SUPPORT THE
SUITE 100 - LOS ANGELES, CA 90015	95-4313200	501(C)(3)	0.	108,960.	VALUE	VARIOUS GOODS	HOMELESS.
DREAM CENTER FOUNDATION							TO ASSIST THE ENTITY WIT
2301 BELLEVUE AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-1803686	501/C)/3)	0.	106,280.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC CLINICS							TO ASSIST THE ENTITY WITH
2550 E. FOOTHILL BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91107	95-1644034	501(C)(3)	0.	105,960.		VARIOUS GOODS	HOMELESS.
A COMMUNITY OF FRIENDS							TO ASSIST THE ENTITY WITH
9130 S. FIGUEROA STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90003	95-4203106	501(C)(3)	0.	105,728.		VARIOUS GOODS	HOMELESS.
TRUEVINE COMMUNITY OUTREACH					L		TO ASSIST THE ENTITY WITH
5238 CLARK ST	05 4040640	504 (5) (0)		400 000	FAIR MARKET		RESOURCES TO SUPPORT THE
LYNWOOD, CA 90262	95-4340619	501(C)(3)	0.	103,809.	VALUE	VARIOUS GOODS	HOMELESS.
ANGEL INTERFAITH NETWORK ST.							DO AGGEGT THE THEFT WE WENT
CAMILLUS CATHOLIC CHURCH - 1100 N							TO ASSIST THE ENTITY WITH
MISSION ROAD - LOS ANGELES, CA	05 1640200	501 (6) (2)		100 055	FAIR MARKET		RESOURCES TO SUPPORT THE
90033	95-1642382	501(C)(3)	0.	100,255.	VALUE	VARIOUS GOODS	HOMELESS.
MUE VILLAGE EAMILY CEDVICES							TO ASSIST THE ENTITY WITH
THE VILLAGE FAMILY SERVICES					EATD MADKED		
6736 LAUREL CANYON BLVD. #200	05 4625026	E01/G\/2\	0.	06 740	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE
NORTH HOLLYWOOD, CA 90016	95-4625826	501(0)(3)	0.	96,749.	VALUE	VARIOUS GOODS	HOMELESS.
RIVER COMMUNITY COVINA SOCIAL							TO ASSIST THE ENTITY WITH
MODEL RECOVERY SYSTEMS, INC 508					FAIR MARKET		RESOURCES TO SUPPORT THE
S. SECOND AVE COVINA, CA 91723	95-4079133	501 (C) (3)	0.	95,862.		VARIOUS GOODS	HOMELESS.
SANTA FE SPRINGS - TRANSITIONAL	73 4077133	501(0)(3)	· ·	33,002.	VILLOE	VIRCIOUD GOODS	I I I I I I I I I I I I I I I I I I I
LIVING CENTER THE SALVATION ARMY -							TO ASSIST THE ENTITY WITH
12000 EAST WASHINGTON BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
WHITTIER, CA 90606	94-1156347	501(C)(3)	0.	93,298.		VARIOUS GOODS	HOMELESS.
millim, on socio	31 1130317	501(0)(3)	•	33,230.	VIIIOI	VIRGOOD GOODD	
SRO HOUSING							TO ASSIST THE ENTITY WITH
1055 W. 7TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90017	95-3909215	501(C)(3)	0.	93,198.		VARIOUS GOODS	HOMELESS.
EDED TODDAN MIGGIONS							TO AGGIGE MILE THEFTY
FRED JORDAN MISSIONS					EATD MADKED		TO ASSIST THE ENTITY WITH
P.O. BOX 12345	05 6000110	E01/G)/2)		00.405	FAIR MARKET		RESOURCES TO SUPPORT THE
COVINA, CA 91352	95-6000110	DOT(C)(3)	0.	88,495.	VALUE	VARIOUS GOODS	HOMELESS.

	4.5-15.1	( ) 150			(6) 1.4	( ) 5	4.5
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES & FISHES I CATHOLIC							
CHARITIES OF LOS ANGELES - 4322							TO ASSIST THE ENTITY WITH
SAN FERNANDO ROAD - GLENDALE, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91204	95-1690973	501(C)(3)	0.	85,012.	VALUE	VARIOUS GOODS	HOMELESS.
ST. JOSEPH'S CENTER							TO ASSIST THE ENTITY WITH
204 HAMPTON DRIVE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-3874381	501/0\/3\	0.	84,505.		VARIOUS GOODS	HOMELESS.
VENICE, CA 90291	95-36/4361	501(C)(3)	0.	84,505.	VALUE	VARIOUS GOODS	HOMELESS.
HOPE IN A SUITCASE							TO ASSIST THE ENTITY WITH
2355 WESTWOOD BLVD., SUITE 1121					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90064	47-5071911	501(C)(3)	0.	83,689.		VARIOUS GOODS	HOMELESS.
,				,			
MIDNIGHT MISSION							TO ASSIST THE ENTITY WIT
601 S. SAN PEDRO STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90014	95-1691293	501(C)(3)	0.	83,495.	VALUE	VARIOUS GOODS	HOMELESS.
CRISIS HOUSING VOLUNTEERS OF							TO ASSIST THE ENTITY WIT
AMERICA - 2040 N GAREY AVE -					FAIR MARKET		RESOURCES TO SUPPORT THE
POMONA, CA 91767	95-1691330	501(C)(3)	0.	82,877.	VALUE	VARIOUS GOODS	HOMELESS.
WEST HOLLYWOOD COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 7530 SANTA MONICA					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD WEST HOLLYWOOD, CA 90046	95-4122368	501/01/31	0.	81,040.		VARIOUS GOODS	HOMELESS.
BLVD WEST HOLLIWOOD, CA 30040	93-4122300	501(0)(3)	0.	01,040.	VALUE	VARIOUS GOODS	HOMELESS.
ST. VINCENT SHELTER							TO ASSIST THE ENTITY WIT
621 WEST ADAMS BOULEVARD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	53-0196617	501(C)(3)	0.	80,218.	VALUE	VARIOUS GOODS	HOMELESS.
HAVEN HOUSE JEWISH FAMILY SERVICES							TO ASSIST THE ENTITY WIT
L.A P.O. BOX 50007 - PASADENA,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91115	95-1691013	501(C)(3)	0.	78,955.	VALUE	VARIOUS GOODS	HOMELESS.
ODMINISM VOLUME HOLDS - TOWN							TO AGGEOR THE THEFT
OPTIMIST YOUTH HOMES & FAMILY					L		TO ASSIST THE ENTITY WIT
SERVICES - 6957 N. FIGUEROA STREET	0.5 4.5.55.5	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90041	95-1643340	P01(C)(3)	0.	78,240.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELL SHELTER THE SALVATION ARMY							TO ASSIST THE ENTITY WITH
5600 RICKENBACKER RD., BLDG. 2A-B					FAIR MARKET		RESOURCES TO SUPPORT THE
BELL, CA 90201	95-1656360	501(C)(3)	0.	76,966.		VARIOUS GOODS	HOMELESS.
CHILDREN'S BUREAU OF SOUTHERN CA							NO ACCION MUE ENMINY WINU
1910 MAGNOLIA AVENUE					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	95-1690975	501(C)(3)	0.	75,857.		VARIOUS GOODS	HOMELESS.
				,			
HELPING KIDS TO RECOVER INC.							TO ASSIST THE ENTITY WITH
937 E ALBERTOINI STREET, SUITE 200					FAIR MARKET		RESOURCES TO SUPPORT THE
CARSON, CA 90746	34-1981724	501(C)(3)	0.	74,643.	VALUE	VARIOUS GOODS	HOMELESS.
THEN THE THE							TO AGGICE THE TAMENT HITME
JWCH INSTITUTE, INC.							TO ASSIST THE ENTITY WITH
5650 JILLSON STREET	05 0000016	501 (6) (2)		E2 E61	FAIR MARKET		RESOURCES TO SUPPORT THE
COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	73,561.	VALUE	VARIOUS GOODS	HOMELESS.
SUPPORTIVE HOUSING ELLA'S							TO ASSIST THE ENTITY WITH
FOUNDATION - 3006 S. VERMONT AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
#113 - LOS ANGELES, CA 90007	80-0679091	501(C)(3)	0.	70,811.		VARIOUS GOODS	HOMELESS.
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•
BIBLE TABERNACLE							TO ASSIST THE ENTITY WITH
1761 WASHINGTON WAY					FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	95-2978913	501(C)(3)	0.	70,803.	VALUE	VARIOUS GOODS	HOMELESS.
EAST SAN GABRIEL VALLEY COALITION							
FOR THE HOMELESS - 1345 TURNBULL							TO ASSIST THE ENTITY WITH
CANYON ROAD - HACIENDA HTS, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91715	95-4508436	501(C)(3)	0.	70,803.	VALUE	VARIOUS GOODS	HOMELESS.
IN HIS LOVING EMBRACE							TO ASSIST THE ENTITY WITH
1046 W. 56TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90650	47-1184351	501(C)(3)	0.	69,783.	VALUE	VARIOUS GOODS	HOMELESS.
IMMANUEL HOUSING, INC.							TO ASSIST THE ENTITY WITH
1800 E. 85TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90001	95-4502941	501(C)(3)	0.	69,341.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	
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JENESSE CENTERS							TO ASSIST THE ENTITY WITH
3761 STOCKER STREET, STE. 100					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90008	95-3652529	501(C)(3)	0.	68,608.		VARIOUS GOODS	HOMELESS.
,				,			-
THE LOS ANGELES COUNTY COMMUNITY							TO ASSIST THE ENTITY WITH
DEVELOPMENT FOUNDATION - 700 WEST					FAIR MARKET		RESOURCES TO SUPPORT THE
MAIN STREET - ALHAMBRA, CA 91801	77-0469732	501(C)(3)	0.	67,814.	VALUE	VARIOUS GOODS	HOMELESS.
FAMILY VIOLENCE PROJECT - HOPE							
COTTAGE JEWISH FAMILY SERVICES LOS							TO ASSIST THE ENTITY WITH
ANGELES - 827 S. GRAMERCY PLACE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90005	95-0691013	501(C)(3)	0.	66,493.	VALUE	VARIOUS GOODS	HOMELESS.
VENICE COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 720 ROSE AVENUE -	05 4000564	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	95-4200761	501(C)(3)	0.	66,461.	VALUE	VARIOUS GOODS	HOMELESS.
CITY OF LOS ANGELES OFFICE OF							TO ASSIST THE ENTITY WITH
CONTROLLER - 200 N. MAIN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
ROOM 1200 - LOS ANGELES, CA 90012	95-8000735	501(C)(3)	0.	65,632.		VARIOUS GOODS	HOMELESS.
WOMEN ORGANIZING RESOURCES,	33 333733	301(0)(3)	•	03,032.	VIII02	VIRGOS GOODS	
KNOWLEDGE AND SERVICES							TO ASSIST THE ENTITY WITH
(W.O.R.K.S.) - 795 N. AVENUE 50 -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90042	95-4680440	501(C)(3)	0.	64,681.	VALUE	VARIOUS GOODS	HOMELESS.
				-			
1736 FAMILY CRISIS CENTER							TO ASSIST THE ENTITY WITH
21707 HAWTHORNE BLVD #300					FAIR MARKET		RESOURCES TO SUPPORT THE
TORRANCE, CA 90503	95-3989251	501(C)(3)	0.	64,575.	VALUE	VARIOUS GOODS	HOMELESS.
ANTELOPE VALLEY CORPS THE							TO ASSIST THE ENTITY WITH
SALVATION ARMY - 44517 SIERRA HWY					FAIR MARKET		RESOURCES TO SUPPORT THE
- LANCASTER, CA 93534	95-1656360	501(C)(3)	0.	62,120.	VALUE	VARIOUS GOODS	HOMELESS.
DADDING OF HAMES							
PARENTS OF WATTS					EATD MADWEE		TO ASSIST THE ENTITY WITH
10828 LOU-DILLON AVENUE	05_3004160	501/C\/3\	0.	61 666	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90059	95-3894168	DOT(C)(2)	1 0.	61,666.	AWTOR	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO KIDZ							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
1801 S. GRAND AVE.	05 4200721	E01/G)/3)		61 500		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-4209721	501(C)(3)	0.	61,589.	VALUE	VARIOUS GOODS	HOMELESS.
JOURNEY HOUSE							TO ASSIST THE ENTITY WITH
1232 N. LOS ROBLES AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-3838636	501/01/31	0.	59,213.		VARIOUS GOODS	HOMELESS.
PASADENA, CA 91104	33-3636636	501(C)(3)	0.	39,213.	VALUE	VARIOUS GOODS	NOMELESS:
BEHAVIORAL HEALTH SERVICES, INC.							TO ASSIST THE ENTITY WITH
JOINT EFFORTS INC 15519					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-2838006	E01/G)/2)	0.	E0 120		VARIOUS GOODS	
CRENSHAW BLVD GARDENA, CA 90249	93-2636000	501(C)(3)	1	59,120.	VALUE	VARIOUS GOODS	HOMELESS.
LONG BEACH FAMILY SHELTER CATHOLIC							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
CHARITIES OF LOS ANGELES - 123 E.	05 1600073	E01/G)/2)		56.056		WARTOWG GOODG	RESOURCES TO SUPPORT THE
14TH STREET - LONG BEACH, CA 90813	95-1690973	501(0)(3)	0.	56,956.	VALUE	VARIOUS GOODS	HOMELESS.
CHOISS PERMANENT SUPPORTIVE							TO AGGICE THE THEFT WITH
HOUSING ALLIANCE FOR HOUSING AND							TO ASSIST THE ENTITY WITH
HEALING - 825 COLORADO BLVD. STE.	05 44 45 06 4	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
100 - LOS ANGELES, CA 90041	95-4147364	501(C)(3)	0.	56,677.	VALUE	VARIOUS GOODS	HOMELESS.
WEINGARD GENERR AGGOGIANTON							MO AGGIGM MILE ENMITMY WITHIN
WEINGART CENTER ASSOCIATION							TO ASSIST THE ENTITY WITH
566 S. SAN PEDRO ST.	05 6054615	E01/G)/2)		55 450	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-6054617	501(C)(3)	0.	55,159.	VALUE	VARIOUS GOODS	HOMELESS.
PROJECT NEW HOPE							TO ASSIST THE ENTITY WITH
					FAIR MARKET		RESOURCES TO SUPPORT THE
1004 ECHO PARK AVENUE	27 4555000	E01/G)/3)		E4 027		WARTOUG GOODG	
LOS ANGELES, CA 90026	27-4555998	DUI(C)(3)	0.	54,027.	VALUE	VARIOUS GOODS	HOMELESS.
VWCA CDEAMED IOC AMORIEC							MO ACCION MUR ENMINY WITH
YWCA GREATER LOS ANGELES					EATD MADWEE		TO ASSIST THE ENTITY WITH
7515 PACIFIC BLVD.	05.4650040	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
WALNUT PARK, CA 90255	95-1652919	DOT(C)(3)	0.	52,131.	VALUE	VARIOUS GOODS	HOMELESS.
STUDENT AND COMMUNITY SERVICES							TO ASSIST THE ENTITY WITH
					EXID MADEEM		
PARA LOS NINOS - 500 LUCAS AVENUE	05 244225	E01/G)/3)		F1 012	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90017	95-3443276	DOT(C)(3)	0.	51,913.	VALUE	VARIOUS GOODS	HOMELESS.

organization or government  if applicable  cash grant  non-cash assistance  cash grant  non-cash assistance  non-cash assistance  ron assistance  or assistance  bridge to home  p.o. Box 802978  SANTA CLARITA, CA 91380  p5-4587823 501(C)(3)  0. 51,762. VALUE  VARIOUS GOODS  HOMELESS.  FAIR MARKET  TO ASSIST TO ASSIS	HE ENTITY WITH O SUPPORT THE HE ENTITY WITH O SUPPORT THE
P.O. BOX 802978  SANTA CLARITA, CA 91380  95-4587823 501(C)(3)  0. 51,762. VALUE  VARIOUS GOODS  HOMELESS.  FAIR MARKET  RESOURCES TO ASSIST THE ACCOUNTY - 801 E. CHAPMAN  AVENUE, SUITE 203 - FULLERTON, CA  92831  95-2492427 501(C)(3)  0. 51,570. VALUE  VARIOUS GOODS  HOMELESS.  TO ASSIST THE ACCOUNTY OF	O SUPPORT THE
P.O. BOX 802978  SANTA CLARITA, CA 91380  95-4587823 501(C)(3)  0. 51,762. VALUE  VARIOUS GOODS  HOMELESS.  FORENCE CRITTENTON SERVICES OF  ORANGE COUNTY - 801 E. CHAPMAN  AVENUE, SUITE 203 - FULLERTON, CA  92831  95-2492427 501(C)(3)  0. 51,570. VALUE  VARIOUS GOODS  HOMELESS.  TO ASSIST THE COUNTY OF TH	O SUPPORT THE
SANTA CLARITA, CA 91380 95-4587823 501(C)(3) 0. 51,762. VALUE VARIOUS GOODS HOMELESS.  FLORENCE CRITTENTON SERVICES OF  ORANGE COUNTY - 801 E. CHAPMAN  AVENUE, SUITE 203 - FULLERTON, CA  92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS.  ESSENCE OF LIGHT TO ASSIST THE	HE ENTITY WITH
FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY - 801 E. CHAPMAN AVENUE, SUITE 203 - FULLERTON, CA 92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS.  TO ASSIST THE COUNTY OF TO ASSIST THE COUNTY OF THE COUNTY O	
ORANGE COUNTY - 801 E. CHAPMAN AVENUE, SUITE 203 - FULLERTON, CA 92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS. TO ASSIST THE COUNTY - 801 E. CHAPMAN TO ASSIST THE	
AVENUE, SUITE 203 - FULLERTON, CA 92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS. TO ASSIST THE	
92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS.  ESSENCE OF LIGHT TO ASSIST THE	
ESSENCE OF LIGHT TO ASSIST TO	
744 WEST 111TH STREET RESOURCES TO	HE ENTITY WITH
	O SUPPORT THE
LOS ANGELES, CA 90044 80-0069684 501(C)(3) 0. 50,840. VALUE VARIOUS GOODS HOMELESS.	
LANCASTER COMMUNITY SHELTER GRACE TO ASSIST THE	HE ENTITY WITH
RESOURCES, INC 45134 N. SIERRA RESOURCES TO	O SUPPORT THE
HWY LANCASTER, CA 93534 95-4309251 501(C)(3) 0. 50,759. VALUE VARIOUS GOODS HOMELESS.	
MARIPOSA AND MENLO HOUSES AIDS/HIV	
HEALTH ALTERNATIVES - 1731 S. TO ASSIST THE	HE ENTITY WITH
'	O SUPPORT THE
90006 95-4607820 501(C)(3) 0. 49,692. VALUE VARIOUS GOODS HOMELESS.	
	HE ENTITY WITH
	O SUPPORT THE
LOS ANGELES, CA 90048 46-4503539 501(C)(3) 0. 49,251. VALUE VARIOUS GOODS HOMELESS.	
	HE ENTITY WITH
	O SUPPORT THE
AVE - LOS ANGELES, CA 90026 31-1629166 501(C)(3) 0. 48,203. VALUE VARIOUS GOODS HOMELESS.	
WLCAC-HOMELESS ASSISTANCE PROGRAM TO ASSIST TH	HE ENTITY WITH
	O SUPPORT THE
	J SUFFORT THE
LOS ANGELES, CA 90059 95-2412869 501(C)(3) 0. 46,708. VALUE VARIOUS GOODS HOMELESS.	
AFFORDABLE LIVING FOR THE AGING, TO ASSIST THE	HE ENTITY WITH
	O SUPPORT THE
STE. 4393 - LOS ANGELES, CA 90067   95-3301874 501(C)(3)   0. 46,603. VALUE   VARIOUS GOODS   HOMELESS.	

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	Tuge 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENG INCOLUMN INC							TO ASSIST THE ENTITY WITH
CHILDRENS INSTITUTE, INC.					FAIR MARKET		
2121 W. TEMPLE STREET	05 1641424	E01/G)/3)	0.	46 270		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-1641424	501(0)(3)	0.	46,279.	VALUE	VARIOUS GOODS	HOMELESS.
SUPPORTIVE SERVICES NORTH VALLEY							TO ASSIST THE ENTITY WITH
CARING SERVICES - 15453 RAYEN					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - NORTH HILLS, CA 91343	95-4444561	501(C)(3)	0.	45,050.		VARIOUS GOODS	HOMELESS.
BIRDEI NORTH HIDDE, CA 91343	73 1111301	301(0)(3)	· ·	43,030.	V111011	VIRCIOUD GOODD	HOMBERS.
ZAHN CENTER THE SALVATION ARMY							TO ASSIST THE ENTITY WITH
832 W. JAMES M. WOOD BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-1656360	501(C)(3)	0.	44,940.		VARIOUS GOODS	HOMELESS.
202 12.02222, 01. 30020	70 100000		•	11,510.			
BIENESTAR HUMAN SERVICES, INC.							TO ASSIST THE ENTITY WITH
5326 E. BEVERLY BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90022	95-4505737	501(C)(3)	0.	44,627.	VALUE	VARIOUS GOODS	HOMELESS.
CORNERSTONE SAN FERNANDO VALLEY				,			
COMMUNITY MENTAL HEALTH CTR., INC.							TO ASSIST THE ENTITY WITH
- 14660 OXNARD STREET - VAN NUYS,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91411	95-6194487	501(C)(3)	0.	44,031.		VARIOUS GOODS	HOMELESS.
				,			
MCKINLEY CHILDREN'S CENTER							TO ASSIST THE ENTITY WITH
762 W. CYPRESS STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN DIMAS, CA 91773	95-2016696	501(C)(3)	0.	43,826.	VALUE	VARIOUS GOODS	HOMELESS.
WOMENSHELTER OF LONG BEACH							TO ASSIST THE ENTITY WITH
PO BOX 32107					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90832	95-1644058	501(C)(3)	0.	43,298.	VALUE	VARIOUS GOODS	HOMELESS.
MARYVALE							TO ASSIST THE ENTITY WITH
7600 E. GRAVES AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
ROSEMEAD, CA 91770	53-0196617	501(C)(3)	0.	43,113.	VALUE	VARIOUS GOODS	HOMELESS.
TCLC CRISIS HOUSING TESTIMONIAL							
COMMUNITY LOVE CENTER - 5721 S.							TO ASSIST THE ENTITY WITH
WESTERN AVENUE - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90062	95-4376926	501(C)(3)	0.	42,889.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MEND 10641 N. SAN FERNANDO ROAD PACOIMA, CA 91331	23-7306337	501(C)(3)	0.	42,676.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
DAVID & MARGARET HOME, THE 1350 THIRD STREET LA VERNE, CA 91750	95-4232535	501(C)(3)	0.	40,839.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
SHELTER PARTNERSHIP - OUTREACH 523 W. SIXTH STREET. STE. 616 LOS ANGELES, CA 90014	95-3976214	501(C)(3)	0.	40,704.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
DIDI HIRSCH COMM. MENTAL HEALTH CTR - 4760 S. SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	0.	40,577.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
COALITION FOR RESPONSIBLE  COMMUNITY DEVELOPMENT - 3101 S.  GRAND AVENUE - LOS ANGELES, CA 90007	20-2445113	501(C)(3)	0.	39,873.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
ALEGRIA THE SALVATION ARMY 2737 SUNSET BLVD. LOS ANGELES, CA 90026	94-1156347	501(C)(3)	0.	39,115.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
PERSONAL INVOLVEMENT CENTER, INC. 8220 S. SAN PEDRO STREET LOS ANGELES, CA 90003	23-7186243	501(C)(3)	0.	38,705.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
CATHOLIC RAINBOW OUTREACH 11419 CARMENITA WHITTIER, CA 90605	95-3096644	501(C)(3)	0.	37,799.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	
ALCOHOLISM CENTER FOR WOMEN 1147 SOUTH ALVARADO STREET LOS ANGELES, CA 90006	23-7428537	501(C)(3)	0.	37,026.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.	

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BETHEL LA COMMUNITY DEVELOPMENT							TO ASSIST THE ENTITY WITH
7911 S. WESTERN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90047	51-0429735	501 (C) (3)	0.	36 <sub>.</sub> 292 <b>.</b>		VARIOUS GOODS	HOMELESS.
TRUDY NORMAN LEWIS VALLEY SHELTER	31 0123733	301(0)(3)		30,232.	711101	VIACIOUS GOODS	
L.A. FAMILY HOUSING - 7843							TO ASSIST THE ENTITY WITH
LANKERSHIM BLVD 7843 LANKERSHIM					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD. NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	0.	36,159.		VARIOUS GOODS	HOMELESS.
,				,			
SU CASAENDING DOMESTIC ABUSE							TO ASSIST THE ENTITY WITH
3840 WOODRUFF AVENUE, SUITE 203					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90808	95-3495175	501(C)(3)	0.	35,962.	VALUE	VARIOUS GOODS	HOMELESS.
COMUNIDAD CESAR CHAVEZ L.A. FAMILY							TO ASSIST THE ENTITY WITH
HOUSING - 207 NORTH BREED STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3920560	501(C)(3)	0.	35,150.	VALUE	VARIOUS GOODS	HOMELESS.
TOVENED THO							TO AGGICE THE ENTIRY WITH
JOVENES, INC.					FAIR MARKET		TO ASSIST THE ENTITY WITH
1208 PLEASANT AVE	95-4342434	E01/G\/2\	0.	25 011		VARIOUS GOODS	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-4342434	501(C)(3)	0.	35,011.	VALUE	VARIOUS GOODS	HOMELESS.
ANGEL'S FLIGHT CATHOLIC CHARITIES							TO ASSIST THE ENTITY WITH
OF LOS ANGELES - 357 S. WESTLAKE					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LOS ANGELES, CA 90057	85-1690973	501(C)(3)	0.	34,942.	VALUE	VARIOUS GOODS	HOMELESS.
WESTWOOD TRANSITIONAL VILLAGE THE							TO ASSIST THE ENTITY WITH
SALVATION ARMY - 1401 S. SEPULVEDA					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD LOS ANGELES, CA 90025	95-1656360	501(C)(3)	0.	34,134.	VALUE	VARIOUS GOODS	HOMELESS.
FOSTER CHILDRENS RESOURCE CENTER							TO ASSIST THE ENTITY WITH
19441 BUSINESS CENTER DRIVE #110					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTHRIDGE, CA 91324	95-1641960	501(C)(3)	0.	34,088.	VALUE	VARIOUS GOODS	HOMELESS.
TEMPLE ISRAEL							TO ASSIST THE ENTITY WITH
5200 LANKERSIM BLV, STE 850					FAIR MARKET		RESOURCES TO SUPPORT THE
JEGG HIMMENDIN DHY, DIE 656			1		TILL HIMME	1	The series of solitors and

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	- Fayer
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL SERVICES FOR GROUPS/HOP							TO ASSIST THE ENTITY WITH
5715 S. BROADWAY					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90037	95-1716914	501(C)(3)	0.	33,451.		VARIOUS GOODS	HOMELESS.
HOS ANGELLES, CA 90037	93-1710914	501(0)(3)	0.	33,431.	VALUE	VARIOUS GOODS	HOMELESS.
ROTARY CLUB OF LOS ANGELES							TO ASSIST THE ENTITY WITH
FOUNDATION - 523 W 6TH STREET,					FAIR MARKET		RESOURCES TO SUPPORT THE
SUITE 718 - LOS ANGELES, CA 90014	95-4479461	501(C)(3)	0.	33,333.		VARIOUS GOODS	HOMELESS.
BOTTE /10 BOD MIGHEND, CM 30014	33 4473401	301(0)(3)	· ·	33,333.	VIIIOI	VIRCIOUD GOODD	HOWELLES.
GLENDALE CORPS THE SALVATION ARMY							TO ASSIST THE ENTITY WITH
320 W. WINDSOR ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
GLENDALE, CA 91204	95-1156347	501(C)(3)	0.	32,847.		VARIOUS GOODS	HOMELESS.
CLIMBINE, ON 91201	33 1130317	301(0)(3)		32,017.	VIIIOI	VIECEOUS GOODS	1
AVIVA FAMILY AND CHILDREN'S							TO ASSIST THE ENTITY WITH
SERVICES - 7120 FRANKLIN AVENUE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90046	95-1693616	501(C)(3)	0.	32,280.		VARIOUS GOODS	HOMELESS.
EOD ANGELLED, CA 70040	73 1073010	501(0)(3)	0.	32,200.	VALOE	VARIOUS GOODS	HOMEBESS:
HATHAWAY - SYCAMORES CHILD &							TO ASSIST THE ENTITY WITH
FAMILY SERVICES - 840 N. AVENUE 66					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90042	95-1691005	501(C)(3)	0.	31,964.		VARIOUS GOODS	HOMELESS.
	33 1031003	301(0)(3)	· ·	31,304.	VIIIOI	VIRCIOUD GOODD	HOWELLES.
SAFE REFUGE							TO ASSIST THE ENTITY WITH
1041 REDONDO AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90804	33-0355130	501(C)(3)	0.	31,308.		VARIOUS GOODS	HOMELESS.
WEST COVINA ACCESS & OUTREACH							
CENTER VOLUNTEERS OF AMERICA -							TO ASSIST THE ENTITY WITH
1760 WEST CAMERON AVENUE, STE. 104					FAIR MARKET		RESOURCES TO SUPPORT THE
- WEST COVINA, CA 91790	95-1691330	501(C)(3)	0.	29,484.		VARIOUS GOODS	HOMELESS.
, 611 51/50	70 1071000		•	25,101.		VIII.1002 00022	
CROSSROADS, INC.							TO ASSIST THE ENTITY WITH
P.O. BOX 15					FAIR MARKET		RESOURCES TO SUPPORT THE
CLAREMONT, CA 91711	95-2925985	501(C)(3)	0.	29,310.		VARIOUS GOODS	HOMELESS.
Ommunicati, Off 71/11	73 2723703	551(5)(5)	· ·	25,510.		TIMETOOD GOODS	
HEALTHY START DANA MIDDLE SCHOOL							TO ASSIST THE ENTITY WITH
PTO - 1501 S CABRILLO AVE - SAN					FAIR MARKET		RESOURCES TO SUPPORT THE
PEDRO, CA 90731	30-0870923	501(C)(3)	0.	28,691.		VARIOUS GOODS	HOMELESS.
	1 33 30,70,23		<u> </u>	20,001.	1		POMEDESS:

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	<u> </u>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSEMARY CHILDREN'S SERVICES							TO ASSIST THE ENTITY WITH
36 S. KINNELOA AVENUE, STE. 100					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91107	95-1661683	501(C)(3)	0.	27,796.		VARIOUS GOODS	HOMELESS.
	70 200200		1	27,720.		VIII.1002 00022	
HOLLYGROVE UPLIFT FAMILY SERVICES							TO ASSIST THE ENTITY WITH
815 N. EL CENTRO AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90038	94-2295953	501(C)(3)	0.	27,080.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
ST. ANNES RESIDENTIAL FACILITY							TO ASSIST THE ENTITY WITH
155 N. OCCIDENTAL BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-1691306	501(C)(3)	0.	26,724.	VALUE	VARIOUS GOODS	HOMELESS.
SUPPORTIVE SERVICES PROGRAM							
HOLLYWOOD COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 5020 WEST SANTA					FAIR MARKET		RESOURCES TO SUPPORT THE
MONICA BLVD HOLLYWOOD, CA 90029	95-4198215	501(C)(3)	0.	26,411.	VALUE	VARIOUS GOODS	HOMELESS.
VALLEY OASIS EMERGENCY SHELTER							TO ASSIST THE ENTITY WITH
P.O. BOX 2980					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93539	95-3582588	501(C)(3)	0.	26,206.	VALUE	VARIOUS GOODS	HOMELESS.
CENTER FOR THE PACIFIC ASIAN							TO ASSIST THE ENTITY WITH
FAMILY - 543 NORTH FAIRFAX AVE. #					FAIR MARKET		RESOURCES TO SUPPORT THE
108 - LOS ANGELES, CA 90036	95-3532351	501(C)(3)	0.	26,005.	VALUE	VARIOUS GOODS	HOMELESS.
TWAGINE LA							MO AGGIGM MUE DAMINA WIMI
IMAGINE LA					EATD MADKED		TO ASSIST THE ENTITY WITH
5455 WILSHIRE BLVD., STE. 1001	20 4627000	E01/G)/3)		25 040	FAIR MARKET	WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90036	20-4637089	501(C)(3)	0.	25,840.	VALUE	VARIOUS GOODS	HOMELESS.
FAMILY EMERGENCY HOUSING PROGRAM							TO ASSIST THE ENTITY WITH
VOLUNTEERS OF AMERICA - 8224 SOUTH					FAIR MARKET		RESOURCES TO SUPPORT THE
BROADWAY - LOS ANGELES, CA 90003	95-1691330	501(C)(3)	0.	25,769 <b>.</b>		VARIOUS GOODS	HOMELESS.
ENGLISHIT LOS INGELES, CA 70003	22 1021330		1	25,109.	***************************************	TIMETOOD GOODS	1011111100
FLOSSIE LEWIS CENTER BEHAVIORAL							TO ASSIST THE ENTITY WITH
HEALTH SERVICES - 351 E. 6TH					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - LONG BEACH, CA 90802	95-2838006	501(C)(3)	0.	25,575.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other		•	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa		S S S T S E Fage I
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THE BIDDY MASON CHARITABLE							
FOUNDATION FIRST AFRICAN METHODIST							TO ASSIST THE ENTITY WITH
EPISCOPAL - 2249 SO. HARVARD BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90018	95-6142291	501(C)(3)	0.	24,062.	VALUE	VARIOUS GOODS	HOMELESS.
WEST VALLEY FOOD PANTRY PRINCE OF							
PEACE EPISCOPAL CHURCH - 5700							TO ASSIST THE ENTITY WITH
RUDNICK AVE - WOODLAND HILLS, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91367	95-3349988	501(C)(3)	0.	23,817.	VALUE	VARIOUS GOODS	HOMELESS.
BEYOND SHELTER PATH					L		TO ASSIST THE ENTITY WITH
5101 SOUTH BROADWAY					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90037	95-4197075	501(C)(3)	0.	23,638.	VALUE	VARIOUS GOODS	HOMELESS.
HADDY MDATIG FOR KIDG							TO AGGIOR MUD ENMINY MINU
HAPPY TRAILS FOR KIDS							TO ASSIST THE ENTITY WITH
2525 OCEAN PARK BLVD., #104	05 4450506	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90403	95-4453586	501(C)(3)	0.	23,587.	VALUE	VARIOUS GOODS	HOMELESS.
HARBOR VIEW HOUSE, INC.							TO ASSIST THE ENTITY WITH
921 SOUTH BEACON STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	95-2391226	501/0\/3\	0.	23,014.		VARIOUS GOODS	HOMELESS.
SAN PEDRO, CA 90731	95-2391220	501(C)(3)	0.	23,014.	VALUE	VARIOUS GOODS	HOMELESS.
OUR SAVIOUR CENTER							TO ASSIST THE ENTITY WITH
4368 SANTA ANITA AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
EL MONTE, CA 91731	95-1765149	501(C)(3)	0.	22,242.		VARIOUS GOODS	HOMELESS.
TURNING POINT ALCOHOL & DRUG				,			
EDUCATION PROGRAM, INC 1453							TO ASSIST THE ENTITY WITH
16TH STREET - SANTA MONICA, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90404	95-6143865	501(C)(3)	0.	22,082.		VARIOUS GOODS	HOMELESS.
				,			-
UPWARD BOUND HOUSE							TO ASSIST THE ENTITY WITH
1020 12TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90403	95-4288926	501(C)(3)	0.	22,022.		VARIOUS GOODS	HOMELESS.
VETERAN OPPORTUNITY CENTER NEW		,,,,		,			
DIRECTIONS, INC 11303 WILSHIRE							TO ASSIST THE ENTITY WITH
BLVD VA BLDG 116 - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90073	95-4242745	501 (C) (3)	0.	21,646.		VARIOUS GOODS	HOMELESS.
	73 424743	001(0)(0)	1 0.	21,040.	*******	1.111.100p GOODp	

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	- uger
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENTS SOLDIERS JUSTICE MEMORIAL							TO ASSIST THE ENTITY WITH
FOUNDATION - 4908 GLEN IRIS AVE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90041		501(C)(3)	0.	21,328.		VARIOUS GOODS	HOMELESS.
				,			
STEP UP ON SECOND							TO ASSIST THE ENTITY WITH
1328 2ND STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90401	95-4109386	501(C)(3)	0.	21,279.	VALUE	VARIOUS GOODS	HOMELESS.
				-			
INDEPENDENT LIVING CENTER							TO ASSIST THE ENTITY WITH
14407 GILMORE STREET #101					FAIR MARKET		RESOURCES TO SUPPORT THE
VAN NUYS, CA 91401	95-3026060	501(C)(3)	0.	21,233.	VALUE	VARIOUS GOODS	HOMELESS.
ADULT CENTER SHELTER AND COMMUNITY							
MEALS UNION STATION FOUNDATION -							TO ASSIST THE ENTITY WITH
825 E. ORANGE GROVE BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91104	95-3958741	501(C)(3)	0.	21,108.	VALUE	VARIOUS GOODS	HOMELESS.
CASA GUADALUPE LOS ANGELES HOUSE							TO ASSIST THE ENTITY WITH
OF RUTH - 605 N. CUMMINGS STREET -	05 044454	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3411454	501(C)(3)	0.	20,700.	VALUE	VARIOUS GOODS	HOMELESS.
ST. FRANCIS CENTER							TO ASSIST THE ENTITY WITH
1835 SOUTH HOPE STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-4479271	501(C)(3)	0.	19,759.		VARIOUS GOODS	HOMELESS.
100 ANGELES, CA 70013	JJ 44/JZ/1	501(0)(3)	0.	15,755.	VALUE	VARIOUS GOODS	HOMELESS:
PENNY LANE CENTERS							TO ASSIST THE ENTITY WITH
15317 RAYEN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTH HILLS, CA 91343	95-2633765	501(C)(3)	0.	19,675.		VARIOUS GOODS	HOMELESS.
				,			
LAMP COMMUNITY							TO ASSIST THE ENTITY WITH
526 SAN PEDRO STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-3993742	501(C)(3)	0.	19,610.	VALUE	VARIOUS GOODS	HOMELESS.
BIENVENIDOS CHILDRENS CENTER, INC.							TO ASSIST THE ENTITY WITH
316 WEST 2ND STREET, SUITE 800					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90012	95-4042883	501(C)(3)	0.	19,503.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other		•	nizations in the Un	ited States (Sch	edule I (Form 990), Pa		- SSTOZIE Fage
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES MISSION							TO ASSIST THE ENTITY WITH
303 EAST 5TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-3134049	501(C)(3)	0.	19,363.		VARIOUS GOODS	HOMELESS.
ASIAN AMERICAN DRUG ABUSE PROGRAM							TO ASSIST THE ENTITY WITH
(AADAP) - 5318 S. CRENSHAW BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90043	95-2848695	501(C)(3)	0.	19,252.		VARIOUS GOODS	HOMELESS.
COMMUNITY ENGAGEMENT THE JEWISH	70 2010070		1	13,202.			
FEDERATION OF GREATER LOS ANGELES							TO ASSIST THE ENTITY WITH
- 6505 WILSHIRE BLVD., SUITE 900 -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90048	95-1643388	501(C)(3)	0.	19,127.	VALUE	VARIOUS GOODS	HOMELESS.
•				,			
A SENSE OF HOME							TO ASSIST THE ENTITY WITH
1065 ELKGROVE AVE. #2					FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	47-3814056	501(C)(3)	0.	19,021.	VALUE	VARIOUS GOODS	HOMELESS.
BEACON HOUSE ASSOC. OF SAN PEDRO							TO ASSIST THE ENTITY WITH
1003 SOUTH BEACON ST.					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	23-7376148	501(C)(3)	0.	19,003.	VALUE	VARIOUS GOODS	HOMELESS.
BACK TO SCHOOL FAMILY RESCUE							TO ASSIST THE ENTITY WITH
CENTER - 22103 VANOWEN STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
CANOGA PARK, CA 91303	33-1018720	501(C)(3)	0.	18,907.	VALUE	VARIOUS GOODS	HOMELESS.
							L
SCHARP					L		TO ASSIST THE ENTITY WITH
2610 INDUSTRY WAY, SUITE A	05 4400440	504 ( 5 ) ( 0 )		40.056	FAIR MARKET		RESOURCES TO SUPPORT THE
LYNWOOD, CA 90262	95-4482413	501(C)(3)	0.	18,276.	VALUE	VARIOUS GOODS	HOMELESS.
TOTAM REPORMS INC. DEVIANTORAL							TO ACCION MUE DAMENT CITATI
JOINT EFFORTS, INC.BEHAVIORAL					FAIR MARKET		TO ASSIST THE ENTITY WITH
HEALTH SERVICES - 15519 CRENSHAW	05 2020006	E01/G\/2\	0.	10 060		MARIOUG GOODG	RESOURCES TO SUPPORT THE
BLVD GARDENA, CA 90249	95-2838006	DOT(C)(3)	1	18,068.	AVTOR	VARIOUS GOODS	HOMELESS.
HARBOR INTERFAITH SHELTER							TO ASSIST THE ENTITY WITH
670 W. 9TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	33-0031099	501(C)(3)	0.	17,861.		VARIOUS GOODS	HOMELESS.
	1 33 0031033			1,,501.			MONIE DE DE LA COMPANIE DE LA COMPAN

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	- Page 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABAN COMMUNITY CLINIC							TO ASSIST THE ENTITY WITH
8405 BEVERLY BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90048	95-2539105	501(C)(3)	0.	17,820.		VARIOUS GOODS	HOMELESS.
INLAND VALLEY HOPE PARTNERS							TO ASSIST THE ENTITY WITH
1753 NORTH PARK AVENUE #20					FAIR MARKET		RESOURCES TO SUPPORT THE
POMONA, CA 91768	95-2674837	501(C)(3)	0.	17,651.		VARIOUS GOODS	HOMELESS.
SAN GABRIEL REGION CATHOLIC				,			
CHARITIES OF LOS ANGELES - 1307							TO ASSIST THE ENTITY WITH
WARREN STREET - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90033	95-1690973	501(C)(3)	0.	17,630.	VALUE	VARIOUS GOODS	HOMELESS.
MENTAL HEALTH AMERICA (LANCASTER)							TO ASSIST THE ENTITY WITH
506 WEST JACKSON STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93534	95-1881491	501(C)(3)	0.	17,523.	VALUE	VARIOUS GOODS	HOMELESS.
DEGVALED DEGOLIDATES FOR MUT							TO AGGICE THE ENTITY WITH
RECYCLED RESOURCES FOR THE					EATD MADEEM		TO ASSIST THE ENTITY WITH
HOMELESS - 715 NOLDEN STREET - LOS	26-3457517	501/01/31	0.	17,499.	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE HOMELESS.
ANGELES, CA 90042	20-345/51/	501(C)(3)	0.	17,499.	VALUE	VARIOUS GOODS	NOMELESS.
HAVEN HOUSE JEWISH FAMILY SERVICES							TO ASSIST THE ENTITY WITH
L.A P.O. BOX 50007 - PASADENA,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91115	95-1691013	501(C)(3)	0.	17,416.	VALUE	VARIOUS GOODS	HOMELESS.
ACCESS CENTER PATH							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	17,394.	VALUE	VARIOUS GOODS	HOMELESS.
UD AVOUTEN THE PROPERTY OF THE							TO AGGET THE THE THE COMMENT
UP4YOUTH EXTRAORDINARY FAMILIES					DATE MARKET		TO ASSIST THE ENTITY WITH
221 NORTH ARDMORE AVE	05 4440220	E01/G)/2)		17 200	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90004	95-4440220	DUI(C)(3)	0.	17,392.	VALUE	VARIOUS GOODS	HOMELESS.
RAINBOW SERVICES LTD.							TO ASSIST THE ENTITY WITH
453 W. 7TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	95-3855705	501(C)(3)	0.	17,246.		VARIOUS GOODS	HOMELESS.
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					appraisal, other)		
CENTURY VILLAGES AT CABRILLO							TO ASSIST THE ENTITY WITH
2001 RIVER AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90810	95-4646521	501(C)(3)	0.	17,126.		VARIOUS GOODS	HOMELESS.
•				,			
LONG BEACH MULTI SERVICE CENTER							TO ASSIST THE ENTITY WITH
LONG BEACH CARES - 1301 WEST 12TH					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - LONG BEACH, CA 90813	95-6000733	501(C)(3)	0.	16,911.	VALUE	VARIOUS GOODS	HOMELESS.
MENLO FAMILY CENTER KOREATOWN							
YOUTH & COMMUNITY CENTER - 1230 S.							TO ASSIST THE ENTITY WITH
MENLO AVE., SUITE 100 - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90005	95-3779389	501(C)(3)	0.	16,858.	VALUE	VARIOUS GOODS	HOMELESS.
LIVE AGAIN RECOVERY HOMES					L		TO ASSIST THE ENTITY WITH
38215 N. SAN FRANCISQUITO CYN. RD.	05 4052550	501/91/21		16 600	FAIR MARKET		RESOURCES TO SUPPORT THE
SAUGUS, CA 91390	95-4053779	501(C)(3)	0.	16,602.	VALUE	VARIOUS GOODS	HOMELESS.
BLUE BUTTERFLY VILLAGE VOLUNTEERS							TO ASSIST THE ENTITY WITH
OF AMERICA - 1556 W. PALOS VERDES					FAIR MARKET		RESOURCES TO SUPPORT THE
DRIVE NORTH - SAN PEDRO, CA 90710	95-1691330	501(C)(3)	0.	16,449.		VARIOUS GOODS	HOMELESS.
JFS•HOPE JEWISH FAMILY SERVICES OF							TO ASSIST THE ENTITY WITH
LOS ANGELES - 827 S. GRAMERCY					FAIR MARKET		RESOURCES TO SUPPORT THE
PLACE - LOS ANGELES, CA 90005	95-0691013	501(C)(3)	0.	16,072.	VALUE	VARIOUS GOODS	HOMELESS.
MENTAL HEALTH AMERICA							TO ASSIST THE ENTITY WITH
456 ELM AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90802	95-1881491	501(C)(3)	0.	16,032.	VALUE	VARIOUS GOODS	HOMELESS.
DAMINIANG TO HOME WOLVERING OF							TO AGGICAL MILE ENTERNY
PATHWAYS TO HOME VOLUNTEERS OF					EATD MADVES		TO ASSIST THE ENTITY WITH
AMERICA - 3600 WILSHIRE BLVD,	95-1691330	501 (C) (3)	0.	15 106	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE HOMELESS.
SUITE 1500 - LOS ANGELES, CA 90017	33-1031330	DOT(C)(2)	1	15,486.	AVTOR	AWIOOP GOODS	поменево.
HOUSE OF RUTH, CLAREMONT							TO ASSIST THE ENTITY WITH
P.O. BOX 459					FAIR MARKET		RESOURCES TO SUPPORT THE
CLAREMONT, CA 91711	95-3276033	501(C)(3)	0.	15,306.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	nedule I (Form 990), Pa	art II.)	Tuge 1
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MUE CIVING CDIDIM							TO ACCION MUR PANTINY WITHU
THE GIVING SPIRIT					FAIR MARKET		TO ASSIST THE ENTITY WITH
11908 MONTANA AVENUE #205	61 1405101	E01/G)/3)		14 000		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90049	61-1405121	501(0)(3)	0.	14,999.	VALUE	VARIOUS GOODS	HOMELESS.
GATEWAYS HOSPITAL & MENTAL HEALTH							TO ASSIST THE ENTITY WITH
CENTER - 444 N. HOOVER STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-1691011	501/01/31	0.	14,842.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90004	95-1691011	501(C)(3)	0.	14,042.	VALUE	VARIOUS GOODS	HOMELESS.
LINC HOUSING CORPORATION							TO ASSIST THE ENTITY WITH
					FAIR MARKET		RESOURCES TO SUPPORT THE
555 OCEAN BLVD., SUITE 900	33-0578620	E01/G\/2\	0.	14 704		VARIOUS GOODS	HOMELESS.
LONG BEACH, CA 90802	33-0378020	501(C)(3)	0.	14,704.	VALUE	VARIOUS GOODS	HOMELESS.
CASA YOUTH SHELTER							TO ASSIST THE ENTITY WITH
10911 REAGAN STREET					FAIR MARKET		
	05 2219061	E01/G)/3)		14 505		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ALAMITOS, CA 90720	95-3218061	501(0)(3)	0.	14,525.	VALUE	VARIOUS GOODS	HOMELESS.
PROYECTO PASTORAL							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
171 S. GLESS STREET	05 2212050	E01/G)/3)	0.	14 200		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3213958	501(0)(3)	0.	14,380.	VALUE	VARIOUS GOODS	HOMELESS.
GOOD SHEPHERD CENTER FOR HOMELESS							MO AGGICE MUE ENMINY WIND
WOMEN CATHOLIC CHARITIES OF LOS							TO ASSIST THE ENTITY WITH
ANGELES - 1671 BEVERLY BLVD - LOS	05 1600053	E01/G)/2)		44 245	FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90026	95-1690973	501(C)(3)	0.	14,317.	VALUE	VARIOUS GOODS	HOMELESS.
CRAMEROV HOUGING CROUD							MO ACCIOM MUE ENMINY WIMI
GRAMERCY HOUSING GROUP					HATD MADKED		TO ASSIST THE ENTITY WITH
1824 4TH AVENUE	05 4206061	E01/G)/2)		14 050	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90019	95-4396861	D01(C)(3)	0.	14,052.	VALUE	VARIOUS GOODS	HOMELESS.
ST. MARGARET'S CENTER CATHOLIC							MO AGGIGE MUE THEFT WITH
CHARITIES OF LOS ANGELES - 10217					EATE WAR		TO ASSIST THE ENTITY WITH
INGLEWOOD AVENUE - LENNOX, CA	05.46006=0	504 (5) (0)		40.555	FAIR MARKET		RESOURCES TO SUPPORT THE
90304	95-1690973	501(C)(3)	0.	13,833.	VALUE	VARIOUS GOODS	HOMELESS.
LIER ENDIGHMENT MODI PHIDE							MO AGGIGE MUE THEFT WATER
LIFE ENRICHMENT WORLDWIDE					EATE WAR		TO ASSIST THE ENTITY WITH
MINISTRIES - 823 W. MANCHESTER	0.00.00.00.00.00.00	E01 (a) (a)		10 -6-	FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LOS ANGELES, CA 90044	27-0955733	pnr(G)(3)	0.	13,765.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	Tuge 1
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CASA PACIFICA CENTERS FOR CHILDREN							TO ASSIST THE ENTITY WITH
AND FAMILIES - 1722 S. LEWIS ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
	77 0105022	E01/G)/2)		12 7/2		WARTOUG GOODG	
- CAMARILLO, CA 93012	77-0195022	501(C)(3)	0.	13,743.	VALUE	VARIOUS GOODS	HOMELESS.
LUTHERAN SOCIAL SERVICES							TO ASSIST THE ENTITY WITH
21430 STRATHERN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-2225798	501/01/31	0.	13,561.		VARIOUS GOODS	HOMELESS.
CANOGA PARK, CA 91401	95-2225796	501(C)(3)	0.	13,561.	VALUE	VARIOUS GOODS	NOMELESS.
FREEHAB THE TEEN PROJECT, INC.							TO ASSIST THE ENTITY WITH
8140 SUNLAND BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
	30-0421837	E01/G\/2\	0.	13,494.		VARIOUS GOODS	
SUN VALLEY, CA 91352 HOLIDAY TOY GIVEAWAY AND HEALTH	30-0421637	501(C)(3)	٠.	13,494.	VALUE	VARIOUS GOODS	HOMELESS.
							TO AGGICE THE TAMETER WITHIN
FAIR TO HELP EVERYONE HEALTH AND							TO ASSIST THE ENTITY WITH
WELLNESS CENTER - 714 OLYMPIC					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD, SUITE 1106 - LOS ANGELES, CA	23-7351622	501(C)(3)	0.	13,295.	VALUE	VARIOUS GOODS	HOMELESS.
WOME AND LACE CONSTRUCTOR DEVELOPMENT							TO AGGICE THE THEFT
HOME AT LAST COMMUNITY DEVELOPMENT					L		TO ASSIST THE ENTITY WITH
CORPORATION - 2514 W. VERNON					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LOS ANGELES, CA 90008	47-0902546	501(C)(3)	0.	13,181.	VALUE	VARIOUS GOODS	HOMELESS.
DDO TEGE 100 GDEGTAL GEDVIGEG BOD							TO AGGICE THE TAMETER WITHIN
PROJECT 180 SPECIAL SERVICES FOR					DATE MARKET		TO ASSIST THE ENTITY WITH
GROUPS - 470 E 3RD STREET, SUITE C	05 4546044	504 (5) (0)		40.004	FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90013	95-1716914	501(C)(3)	0.	13,004.	VALUE	VARIOUS GOODS	HOMELESS.
ALTAMED							TO ASSIST THE ENTITY WITH
					FAIR MARKET		RESOURCES TO SUPPORT THE
512 S. INDIANA STREET	05 2010005	E01/G)/2)		11 024		WARTOUG GOODG	
LOS ANGELES, CA 90068	95-2810095	501(C)(3)	0.	11,934.	VALUE	VARIOUS GOODS	HOMELESS.
SAN GABRIEL VALLEY CENTER							
CALIFORNIA HISPANIC COMMISSION =							TO ASSIST THE ENTITY WITH
11046 VALLEY MALL - EL MONTE, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91731	94-2301551	501(C)(3)	0.	11,827.	VALUE	VARIOUS GOODS	HOMELESS.
HODE WILL INC							MO ACCION MUD ENMINY MINT
HOPE MILL, INC.					EATD MADWEE		TO ASSIST THE ENTITY WITH
16133 VENTURA BLVD., SUITE 650	00 0100464	E01/G)/2)		11 660	FAIR MARKET	WARTONG GOODS	RESOURCES TO SUPPORT THE
ENCINO, CA 91436	80-0188464	DOT(C)(3)	0.	11,660.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	Tugo T
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OPERATION SCHOOL BELL ASSISTANCE LEAGUE OF LOS ANGELES - 826 COLE AVENUE - LOS ANGELES, CA 90038	95-1641960	501(C)(3)	0.	11,340.	FAIR MARKET	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SEPULVEDA I AND II NEW DIRECTIONS FOR VETERANS - 1611 PLUMMER ST. VA BLDG 4 - NORTH HILLS, CA 91343	95-4242745		0.	11,307.	FAIR MARKET	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
COMMON GROUND VENICE FAMILY CLINIC 2401 LINCOLN BLVD. SANTA MONICA, CA 90405	95-2769432	501(C)(3)	0.	11,268.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ST. VINCENT'S CARDINAL MANNING CENTER - 231 WINSTON STREET - LOS ANGELES, CA 90013	95-1644622	501(C)(3)	0.	11,239.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LOS ANGELES COUNTY ALLIANCE OF BOYS & GIRLS CLUBS - 3939 ATLANTIC AVENUE, SUITE 215 - LONG BEACH, CA 90807	13-5562976	501(C)(3)	0.	11,039.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HILLVIEW MENTAL HEALTH CTR. 12450 VAN NUYS BLVD. #200 PACOIMA, CA 91331	95-3928411	501(C)(3)	0.	10,452.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ENHANCED SERVICES PROGRAM JWCH INSTITUTE, INC 5650 JILLSON STREET - COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	10,439.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SUNRISE VILLAGE EMERGENCY SHELTER YWCA OF GLENDALE - P.O BOX 41786 - LOS ANGELES, CA 90041	95-1644057	501(C)(3)	0.	10,401.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LA CAN/DWAC CANGRESS 530 S. MAIN STREET LOS ANGELES, CA 90013	02-0661629	501(C)(3)	0.	10,298.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	- Fage
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HOUSE OF MERCY							TO ASSIST THE ENTITY WITH
812 N ALVARADO ST					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-4102800	501(C)(3)	0.	9,897.		VARIOUS GOODS	HOMELESS.
				,			
ACCESS CENTER OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	9,558.	VALUE	VARIOUS GOODS	HOMELESS.
FRIENDS IN DEED ECUMENICAL COUNCIL							TO ASSIST THE ENTITY WITH
OF PASADENA AREA CHURCHES - P.O.					FAIR MARKET		RESOURCES TO SUPPORT THE
BOX 41125 - PASADENA, CA 91114	95-1644608	501(C)(3)	0.	9,515.	VALUE	VARIOUS GOODS	HOMELESS.
CRISIS/BRIDGE HOUSING NEW							
DIRECTION COMMUNITY PROGRAMS -							TO ASSIST THE ENTITY WITH
8124 SOUTH WESTERN AVE - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90047	95-4443705	501(C)(3)	0.	9,509.	VALUE	VARIOUS GOODS	HOMELESS.
WHITTIER CORPS SOCIAL SERVICES THE							TO ASSIST THE ENTITY WITH
SALVATION ARMY - P.O. BOX 954 -					FAIR MARKET		RESOURCES TO SUPPORT THE
WHITTIER, CA 90608	94-1156347	501(C)(3)	0.	9,349.	VALUE	VARIOUS GOODS	HOMELESS.
							L
A NEW WAY OF LIFE							TO ASSIST THE ENTITY WITH
P. O. BOX 875288					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90002	95-4782503	501(C)(3)	0.	9,339.	VALUE	VARIOUS GOODS	HOMELESS.
WHITTIER AREA FIRST DAY COALITION							MO ACCION MUR PANTINY WIND
					FAIR MARKET		TO ASSIST THE ENTITY WITH
12426 WHITTIER BLVD, 2ND FLOOR	02 1141044	E01/G)/2)		0.000		WARTONG GOODG	RESOURCES TO SUPPORT THE
WHITTIER, CA 90602	93-1141844	501(C)(3)	0.	9,268.	VALUE	VARIOUS GOODS	HOMELESS.
WORKING DREAMS							TO ASSIST THE ENTITY WITH
118 S. BEVERLY DRIVE, STE. 222					FAIR MARKET		RESOURCES TO SUPPORT THE
BEVERLY HILLS, CA 90212	45-1208361	501(C)(3)	0.	9,250.		VARIOUS GOODS	HOMELESS.
	13 1200301		· .	5,230.			
LOS ANGELES TEAM MENTORING							TO ASSIST THE ENTITY WITH
714 W. OLYMPIC BLVD., STE. 640					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-4443617	E01/G\/3\	0.	8,951.		VARIOUS GOODS	HOMELESS.

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U.S. VETERANS INITIATIVE							TO ASSIST THE ENTITY WITH
733 S. HINDRY AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
INGLEWOOD, CA 90301	95-4382752	501(C)(3)	0.	8,700.		VARIOUS GOODS	HOMELESS.
INGHEWOOD, CA 70301	JJ 4502732	501(0)(3)	· · ·	0,700.	VALOE	VARIOUS GOODS	HOHELESS:
HOPE THROUGH HOUSING FOUNDATION							TO ASSIST THE ENTITY WITH
9421 HAVEN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	0.	8,678.		VARIOUS GOODS	HOMELESS.
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LAS FAMILIAS DEL PUEBLO							TO ASSIST THE ENTITY WITH
307 E. 7TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90014	95-3660735	501(C)(3)	0.	8,544.		VARIOUS GOODS	HOMELESS.
YOUTH CENTER ON HIGHLAND LOS				, -			
ANGELES LGBT CENTER - 1220 N.							TO ASSIST THE ENTITY WITH
HIGHLAND AVE LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90038	95-3567895	501(C)(3)	0.	8,418.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
GOOD+ FOUNDATION							TO ASSIST THE ENTITY WITH
4005 W. JEFFERSON BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90016	31-1777082	501(C)(3)	0.	8,181.	VALUE	VARIOUS GOODS	HOMELESS.
CENTRAL CITY ACTION COMMITTEE							TO ASSIST THE ENTITY WITH
534 N. EAST EDGEWARE ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	23-7363312	501(C)(3)	0.	8,057.	VALUE	VARIOUS GOODS	HOMELESS.
ETTIE LEE YOUTH & FAMILY SERVICES							TO ASSIST THE ENTITY WITH
5146 N. MAINE AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
BALDWIN PARK, CA 91706	95-1949862	501(C)(3)	0.	7,676.	VALUE	VARIOUS GOODS	HOMELESS.
							L
ANGEL STEP IN SOUTHERN CALIFORNIA							TO ASSIST THE ENTITY WITH
ALCOHOL & DRUG PROGRAMS - 11500					FAIR MARKET		RESOURCES TO SUPPORT THE
PARAMOUNT BLVD DOWNEY, CA 90241	23-7228780	501(C)(3)	0.	7,463.	VALUE	VARIOUS GOODS	HOMELESS.
DOWNTOWN DROP IN CENTER VOLUNTEERS							TO ACCION THE ENTITY WITH
OF AMERICA - 628 S. SAN JULIAN					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
	95-1691330	501(C)(3)	0.	7 150		VARIOUS GOODS	HOMELESS.
STREET - LOS ANGELES, CA 90014	32-1031330	POT(C)(3)	1 0.	7,458.	AVIOU	ATTOOD GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	- Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSPEL MISSIONS OF AMERICA P.O. BOX 8473 ROWLAND HEIGHTS, CA 91748	95-4828635	501(C)(3)	0.	7,291.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
B.R.I.D.G.E.S., INC. 1977 GAREY AVENUE, STE. 6 POMONA, CA 91767	95-3077722	501(C)(3)	0.	7,265.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LITTLE TOKYO SERVICE CENTER, INC. 231 E. THIRD STREET G106 LOS ANGELES, CA 90013	95-4444102	501(C)(3)	0.	6,850.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HILLSIDES 940 AVENUE 64 PASADENA, CA 91105	95-1644002	501(C)(3)	0.	6,500.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
WINGS YWCA SAN GABRIEL VALLEY 943 N. GRAND AVENUE COVINA, CA 91724	95-1641967	501(C)(3)	0.	6,141.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE WAY IN THE SALVATION ARMY 5939 HOLLYWOOD BLVD. LOS ANGELES, CA 90028	94-1156347	501(C)(3)	0.	6,096.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SAFE HAVEN OPCC 1453 16TH STRET SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	6,067.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SAFE HAVEN THE PEOPLE CONCERN 1453 16TH STRET SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	5,621.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HARVEST HOME 2118 WILSHIRE BLVD, PMB 358 SANTA MONICA, CA 90403	95-4079490	501(C)(3)	0.	5,559.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	- Tuger
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL CITY NEIGHBORHOOD PARTNERS							TO ASSIST THE ENTITY WITH
501 S. BIXEL STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90017	95-4837709	501(C)(3)	0.	5,201.		VARIOUS GOODS	HOMELESS.
not include, on your	33 4037703	301(0)(3)	· ·	3,201.	VIIIOI	VIRCIOUD GOODD	HOMBERS.
OLIVE CREST							TO ASSIST THE ENTITY WITH
17800 WOODRUFF AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	5,189.	VALUE	VARIOUS GOODS	HOMELESS.
•				·			
KEEP YOUTH DOING SOMETHING							TO ASSIST THE ENTITY WITH
7026 SOPHIA AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
VAN NUYS, CA 91406	95-4426350	501(C)(3)	0.	5,051.	VALUE	VARIOUS GOODS	HOMELESS.
CHILD & FAMILY CENTER							TO ASSIST THE ENTITY WITH
21545 CENTE POINTE PKWY					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA CLARITA, CA 91350	95-3941342	501(C)(3)	0.	4,891.	VALUE	VARIOUS GOODS	HOMELESS.
							L
OPERATION LOVE MINISTRIES, INC.							TO ASSIST THE ENTITY WITH
7811 SOUTH WESTERN AVENUE	45 0050400	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90047	47-0953408	501(C)(3)	0.	4,750.	VALUE	VARIOUS GOODS	HOMELESS.
BURBANK BUNGALOWS NEW DIRECTIONS							TO ASSIST THE ENTITY WITH
INC 1101 W. VERDUGO AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
BURBANK, CA 91506	95-4242745	501(C)(3)	0.	4,677.		VARIOUS GOODS	HOMELESS.
BONDIMIN, ON 91300	73 1212/13	301(0)(3)	•	1,0,7,	VIII01	VIRTIGOD COODS	
EMERGENCY HOUSING PROGRAM ASCENCIA							TO ASSIST THE ENTITY WITH
1851 TYBURN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
GLENDALE, CA 91204	20-4233822	501(C)(3)	0.	4,676.		VARIOUS GOODS	HOMELESS.
				,			
SAMOSHEL OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	4,434.	VALUE	VARIOUS GOODS	HOMELESS.
EISNER HEALTH							TO ASSIST THE ENTITY WITH
1530 OLIVE STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-1690966	501(C)(3)	0.	4,409.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES TRADE TECHNICAL							TO ASSIST THE ENTITY WITH
COLLEGE - 400 W. WASHINGTON BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90015	95-3813527	501(C)(3)	0.	4 349.	VALUE	VARIOUS GOODS	HOMELESS.
	30 0020027	552(5)(5)	1	1,015.			
THE NEW YOU CENTER, INC.							TO ASSIST THE ENTITY WITH
1030 W. FLORENCE AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90044	14-1992560	501(C)(3)	0.	3,958.	VALUE	VARIOUS GOODS	HOMELESS.
ELIZABETH HOUSE							TO ASSIST THE ENTITY WITH
760 SANTA BARBARA STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91101	95-4451243	501(C)(3)	0.	3,909.	VALUE	VARIOUS GOODS	HOMELESS.
GUY GABALDON APARTMENTS NEW							TO ASSIST THE ENTITY WITH
DIRECTIONS INC 13553 DESWICK					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - LOS ANGELES, CA 90023	95-4242745	501(C)(3)	0.	3,853.	VALUE	VARIOUS GOODS	HOMELESS.
MIDNING DOTTIM ODGG							DO NOGRAM WITH THE TAXABLE VIEW
TURNING POINT OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET	05 6142065	E01/G\/2\		2 724	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	3,/34.	VALUE	VARIOUS GOODS	HOMELESS.
BEACON LIGHT MISSION SOUTHERN CALIFORNIA FLOATING CHRISTIAN							TO ASSIST THE ENTITY WITH
ENDEAVOR ASSN 525 N. BROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - WILMINGTON, CA 90744	95-1661697	501(C)(3)	0.	3 732	VALUE	VARIOUS GOODS	HOMELESS.
AVENUE WILMINGTON, CA 50744	33 1001037	501(0/(5/	· ·	3,732.	VALOE	VARIOUS GOODS	IOMEDESS:
DAYBREAK OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	3,625.	VALUE	VARIOUS GOODS	HOMELESS.
				, -			
SENIOR SERVICES LOS ANGELES LGBT							TO ASSIST THE ENTITY WITH
CENTER - 1125 N. MCCADDEN PLACE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90038	95-3567895	501(C)(3)	0.	3,536.	VALUE	VARIOUS GOODS	HOMELESS.
OBA FOUNDATION							TO ASSIST THE ENTITY WITH
1130 S. VERMONT AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90006	26-3898882	501(C)(3)	0.	3,506.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	Tuge 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOLLYWOOD WINTER REFUGE FIRST							
PRESBYTERIAN CHURCH OF HOLLYWOOD -							TO ASSIST THE ENTITY WITH
6054 YUCCA STREET - LOS ANGELES,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 90028	95-1652908	501(C)(3)	0.	3,233.	VALUE	VARIOUS GOODS	HOMELESS.
DOMESTIC VIOLENCE CENTER OF SANTA							TO ASSIST THE ENTITY WITH
CLARITA VALLEY - PO BOX 220037 -					FAIR MARKET		RESOURCES TO SUPPORT THE
NEWHALL, CA 91322	68-0017331	501(C)(3)	0.	3,202.		VARIOUS GOODS	HOMELESS.
				,			
HOPE HARBOR CENTER THE SALVATION							TO ASSIST THE ENTITY WITH
ARMY - 3107 S. GRAND AVENUE - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90007	95-1656360	501(C)(3)	0.	2,845.	VALUE	VARIOUS GOODS	HOMELESS.
LOS ANGELES YOUTH NETWORK							TO ASSIST THE ENTITY WITH
7033 W SUNSET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90028	95-3953979	501(C)(3)	0.	2,804.	VALUE	VARIOUS GOODS	HOMELESS.
MISSION FOR ONENESS SANT NIRANKARI							TO ASSIST THE ENTITY WITH
MISSION - 13906 SAN ANTONIO DRIVE					FAIR MARKET		RESOURCES TO SUPPORT THE
- NORWALK, CA 90650	36-2826722	501(C)(3)	0.	2,699.		VARIOUS GOODS	HOMELESS.
·				,			
CLARE FOUNDATION							TO ASSIST THE ENTITY WITH
909 PICO BOULEVARD					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90405	23-7076166	501(C)(3)	0.	2,614.	VALUE	VARIOUS GOODS	HOMELESS.
2017711177 1101727							
COVENANT HOUSE							TO ASSIST THE ENTITY WITH
1325 N. WESTERN AVENUE	42 2224	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	0.	2,566.	VALUE	VARIOUS GOODS	HOMELESS.
TRINITY YOUTH SERVICES							TO ASSIST THE ENTITY WITH
P.O. BOX 1210					FAIR MARKET		RESOURCES TO SUPPORT THE
COLTON, CA 92324	95-2480624	501(C)(3)	0.	2,552.		VARIOUS GOODS	HOMELESS.
·				,			
SOJOURN SERVICES OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	2,547.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	73 3370214 Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDRIA HOUSE							TO ASSIST THE ENTITY WITH
426 S. ALEXANDRIA AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90020	95-4809755	501(C)(3)	0.	2,210.		VARIOUS GOODS	HOMELESS.
GROWGOOD INC.							TO ASSIST THE ENTITY WITH
5600 MANSFIELD WAY					FAIR MARKET		RESOURCES TO SUPPORT THE
BELL, CA 90201	45-5472840	501(C)(3)	0.	2,183.		VARIOUS GOODS	HOMELESS.
WAR OF MALE AND ADD A GOVERN							TO AGGIOT THE THEFT HERE
YWCA OF THE HARBOR AREA & SOUTH					EATD MADKED		TO ASSIST THE ENTITY WITH
BAY - 437 WEST 9TH STREET - SAN	95-1691337	E01/G)/3)	0.	2 104	FAIR MARKET	WARTOUG GOODG	RESOURCES TO SUPPORT THE
PEDRO, CA 90731	95-1691337	501(C)(3)	0.	2,104.	VALUE	VARIOUS GOODS	HOMELESS.
SANCTUARY OF HOPE							TO ASSIST THE ENTITY WITH
4003 ADAMS BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90018	27-3273118	501(C)(3)	0.	1,917.	VALUE	VARIOUS GOODS	HOMELESS.
MY FRIEND'S PLACE							TO ASSIST THE ENTITY WITH
P.O. BOX 3867					FAIR MARKET		RESOURCES TO SUPPORT THE
HOLLYWOOD, CA 90078	95-4242745	501(C)(3)	0.	1,638.		VARIOUS GOODS	HOMELESS.
VETERAN VILLAGE OF GLENDALE NEW							TO ASSIST THE ENTITY WITH
DIRECTIONS INC 331 SALEM STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
- GLENDALE, CA 91203	95-4242745	501(C)(3)	0.	1,455.	VALUE	VARIOUS GOODS	HOMELESS.
SOUTH COUNTY PATH							TO ASSIST THE ENTITY WITH
455 EAST ARTESIA BLVD., SUITE 200					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90805	95-3950196	501(C)(3)	0.	1,386.		VARIOUS GOODS	HOMELESS.
MY DIDGE DIAGRANGE TO							TO AGGICAL MAIL THAT THE TOTAL TOTAL
MY FIRST PLACE FIRST PLACE FOR					EATD MADKED		TO ASSIST THE ENTITY WITH
YOUTH - 3530 WILSHIRE BLVD., SUITE	04 2241024	E01/G\/3\	0.	1 240	FAIR MARKET	WARTOUG GOODG	RESOURCES TO SUPPORT THE
600 - LOS ANGELES, CA 90010	94-3341034	D01(C)(3)	0.	1,348.	VALUE	VARIOUS GOODS	HOMELESS.
DOWNTOWN DOG RESCUE							TO ASSIST THE ENTITY WITH
10941 GARFIELD PLACE					FAIR MARKET		RESOURCES TO SUPPORT THE
SOUTH GATE, CA 90280	46-1958507	501(C)(3)	0.	1,281.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUDDANK MEMBODADY ATD GENMED							TO AGGET THE THE THE WITH
BURBANK TEMPORARY AID CENTER 1304 WEST BURBANK BLVD.					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
BURBANK, CA 91506	95-3309130	501(C)(3)	0.	1,176.		VARIOUS GOODS	HOMELESS.
BORDINK, CH 91300	33 3303130	301(0)(3)	· ·	1,170.	V11101	VIRCIOUS GOODS	INCHEDIOS:
DOOR OF HOPE							TO ASSIST THE ENTITY WITH
P.O. BOX 90455					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91109	95-4044568	501(C)(3)	0.	1,006.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
SAN FERNANDO VALLEY RESCUE MISSION							TO ASSIST THE ENTITY WITH
8714 DARBY AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTHRIDGE, CA 91325	23-7278002	501(C)(3)	0.	973.	VALUE	VARIOUS GOODS	HOMELESS.
FOSTERING A CHANGE							TO ASSIST THE ENTITY WITH
16161 VENTURA BLVD. #C858					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 91342	46-3910466	501(C)(3)	0.	777.	VALUE	VARIOUS GOODS	HOMELESS.
744 0744							
DHS OPCC					DATE MARKET		TO ASSIST THE ENTITY WITH
1751 CLOVERFIELD BLVD, 2ND FLOOR	95-6143865	E01/G)/3)	0.	605	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90404	95-0143005	501(C)(3)	0.	005.	VALUE	VARIOUS GOODS	HOMELESS.

RT I, LINE 2:	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  ART I, LINE 2:  PLICATION REVIEW, SITE VISITS AS APPROPRIATE.						
RT I, LINE 2:	art IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, columi	 n (b); and any other ac	l Iditional information.	
		•		•		
		AS APPROPRI	ATE.			
	·					

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization SHELTER PARTNERSHIP, INC. Employer identification number 95-3976214

Par	t 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 de noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		8,945,704.	FAIR MARKET	VA]	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X		9,494.	FAIR MARKET	VA]	LUE	
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 • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	jement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			·				v
	exempt purposes for the entire holding period?					30a		<u> </u>
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance p	aliov that "a	auiros the review	of any populardard contribu	tions?	04		X
31 222		•	•	•	uons?	31		
s∠a	Does the organization hire or use third parties of contributions?		•			32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

Schedule M	(Form 990) 2017 SH	ELTER	PARTNER	SHIP,	INC.			95-3976214	Page 2
Part II	Supplemental Inf is reporting in Part I, co this part for any addition	ormation. olumn (b), the	Provide the in	nformation ontributions	required b s, the numb	by Part I, lines ber of items r	s 30b, 32b, and received, or a co	33, and whether the organiz mbination of both. Also con	ation nplete

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

## 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.

► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SHELTER PARTNERSHIP, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

Employer identification number 95-3976214

MATERIALS ASSISTANCE DURING OUR MOST RECENT FISCAL YEAR, THE S. MARK TAPER FOUNDATION SHELTER RESOURCE BANK SECURED \$9.1 MILLION IN NEW PRODUCTS FROM 55 DONORS, BRINGING THE TOTAL NUMBER OF PRODUCT DONORS TO 752. WE DISTRIBUTED \$9.5 MILLION IN NEW PRODUCTS, AT NO CHARGE TO 256 AGENCIES/PROJECTS SERVING THE PEOPLE EXPERIENCING HOMELESS, FOSTER YOUTH, AND HOUSEHOLDS LIVING IN POVERTY IN LOS ANGELES COUNTY. THIS INCLUDES 24 AGENCIES/PROJECTS THAT WERE NEW TO US. GOODS INCLUDED NEW CLOTHING, SHOES, UNDERWEAR AND SOCKS TO MEN, WOMEN, CHILDREN, TODDLERS AND BABIES; PERSONAL CARE PRODUCTS AND TOILETRIES; CLEANING SUPPLIES, SUCH AS BLEACH, DISHWASHER DETERGENT, AND LAUNDRY SOAP; HOUSEHOLD GOODS; PAPER PRODUCTS, INCLUDING TOILET PAPER AND DIAPERS; BED FRAMES, MATTRESSES; COMFORTERS, AND BLANKETS; TOYS AND ARTS AND CRAFTS KITS; FURNISHING ITEMS FOR TODDLERS AND BABIES INCLUDING STROLLERS AND HIGH-CHAIRS; AND SO MUCH MORE. THESE ITEMS ASSIST THE AGENCIES IN MANAGING THEIR OPERATING COSTS AND IMPROVE THE QUALITY OF LIFE FOR PEOPLE EXPERIENCING HOMELESSNESS, CHILDREN IN FOSTER CARE, AND HOUSEHOLDS EXPERIENCING POVERTY. SINCE THE PROJECT'S INCEPTION IN 1989, OVER \$233 MILLION IN PRODUCTS HAVE BEEN DISTRIBUTED. SHELTER PARTNERSHIP RAISED FUNDING TO MAKE SUBSTANTIAL IMPROVEMENTS IN THE WAREHOUSE INCLUDING REDOING THE GUTTER SYSTEM AND OUTSIDE LIGHTING, AND PROVIDING REINFORCEMENTS TO THE PALLET RACKS.

Name of the organization SHELTER PARTNERSHIP, INC. Employer identification number 95-3976214

#### PUBLIC POLICY/TECHNICAL ASSISTANCE

SHELTER PARTNERSHIP'S EXPERTISE AND GUIDANCE TO PUBLIC AGENCIES AND

NON-PROFIT PROVIDERS RESULTS IN SIGNIFICANT IMPROVEMENTS TO THE DESIGN

OF SYSTEMS OF CARE AND IMPLEMENTATION OF REGIONAL PROGRAMS SERVING

HOUSEHOLDS WHO EXPERIENCE HOMELESSNESS OR ARE AT-RISK OF HOMELESSNESS.

THIS INCLUDES HOMELESS INDIVIDUALS WITH SPECIAL NEEDS AND DISABILITIES

(INCLUDING PERSONS WHO HAVE A MENTAL ILLNESS, PERSONS WITH SUBSTANCE

USE DISORDERS, PERSONS LIVING WITH HIV/AIDS, OLDER ADULTS, PERSONS

WITH CHRONIC PHYSICAL ILLNESSES), AND HOMELESS FAMILIES, WHICH INCLUDE

TRANSITIONAL AGE YOUTH WITH YOUNG CHILDREN AND VICTIMS OF DOMESTIC

VIOLENCE.

SHELTER PARTNERSHIP PROVIDED CRITICAL ASSISTANCE TO THE LOS ANGELES

HOMELESS SERVICES AUTHORITY (LAHSA) IN PLANNING AND PREPARING THE LOS

ANGELES CONTINUUM OF CARE CONSOLIDATED APPLICATION, THROUGH WHICH LAHSA

RECEIVED \$109,398,295 FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN

DEVELOPMENT (HUD) TO FUND PERMANENT SUPPORTIVE HOUSING, RAPID

REHOUSING, TRANSITIONAL HOUSING, AND SUPPORTIVE SERVICES FOR THE

HOMELESS THROUGHOUT THE COUNTY AND THE CITY OF LOS ANGELES.

WE ASSISTED LAHSA AND THE COUNTY OF LOS ANGELES' CEO'S OFFICE TO

IMPLEMENT A COORDINATED AND COMMUNITY-BASED SYSTEM TO PROVIDE TARGETED

RAPID REHOUSING AND HOUSING STABILITY SERVICES FOR HOMELESS AND AT-RISK

FAMILIES. THE CES FOR FAMILIES SYSTEM ASSISTED OVER 2,000 FAMILIES TO

MOVE INTO PERMANENT HOUSING IN THE 2017-18 FISCAL YEAR.

**Employer identification number** Name of the organization 95-3976214 SHELTER PARTNERSHIP, INC. SHELTER PARTNERSHIP ASSISTED THE LOS ANGELES HOMELESS SERVICES AUTHORITY TO COMPLETE THEIR 2017 LA COUNTY GAPS ANALYSIS REPORT. THIS REPORT ILLUSTRATES THE STATE OF HOMELESSNESS IN LA COUNTY, THE REGION'S CURRENT INVENTORY OF CRISIS AND PERMANENT HOUSING, WHAT THE HOUSING INVENTORY SHOULD LOOK LIKE IN A "RIGHT-SIZED" SYSTEM, AND THE PRESENT GAPS IN THE SYSTEM. SHELTER PARTNERSHIP PROVIDED TECHNICAL ASSISTANCE TO AGENCIES AND SYSTEMS OF CARE FOR HOMELESS VETERANS, INCLUDING THE SUPPORTIVE SERVICES FOR VETERAN FAMILIES COLLABORATIVE, THE LA VETERANS COLLABORATIVE, AND THE UNITED WAY HOME FOR GOOD HOMELESS VETERANS LEADERSHIP TEAM. SHELTER PARTNERSHIP ALSO HELPED TO ORGANIZE REGIONAL ADVOCACY SURROUNDING FUNDING FOR VETERAN SERVICES, INCLUDING COORDINATING RELEVANT STAKEHOLDERS TO ADVOCATE THROUGH WRITTEN AND IN-PERSON TESTIMONY TO CONGRESS TO PROTECT CASE MANAGEMENT FUNDING FOR THE FEDERAL VASH PROGRAM VETERANS AFFAIRS SUPPORTIVE HOUSING RESULTING IN THE SUCCESSFUL REVERSAL OF A POLICY DECISION THAT WOULD HAVE JEOPARDIZED FUNDING FOR THESE CRITICAL SERVICES. SHELTER PARTNERSHIP ASSISTED THE CITIES OF CARSON AND INGLEWOOD TO DEVELOP PLANS TO PREVENT AND END HOMELESSNESS IN THEIR JURISDICTIONS. THESE PROCESSES INCLUDED CONDUCTING STAKEHOLDER INTERVIEWS, FORMULATING WORKGROUPS, FACILITATING WORKGROUP PLANNING SESSIONS, AND DRAFTING THE PLANS. SHELTER PARTNERSHIP HAS BEEN PLAYING A LEADERSHIP ROLE IN THE DEVELOPMENT AND ONGOING OPERATIONS OF THE LOS ANGELES AGING ADVOCACY COALITION POLICY ACTION TEAM (PAT), A COALITION OF SERVICE PROVIDERS,

Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. HOUSING DEVELOPERS, HEALTHCARE AGENCIES AND OTHER STAKEHOLDERS. THE PRIMARY GOAL OF THE PAT IS TO COLLECTIVELY IDENTIFY AND ADVOCATE FOR POLICY CHANGE THAT WILL IMPACT OLDER ADULTS WHO ARE HOMELESS OR AT-RISK OF HOMELESSNESS AND TO BRING A UNIFIED VOICE TO ADVOCATE FOR THE NEEDS OF OLDER ADULTS AT POLICY FORUMS ACROSS LA COUNTY. PAT MEMBERS ARE CURRENTLY WORKING CLOSELY WITH THE LA COUNTY OFFICE OF THE HOMELESS INITIATIVE AND OTHER KEY DEPARTMENTS TO DESIGN AND IMPLEMENT RECOMMENDATIONS FOR SERVICES AND HOUSING THAT ARE TARGETED TO OLDER ADULTS EXPERIENCING OR AT-RISK OF HOMELESSNESS. SHELTER PARTNERSHIP ADVISED THE LOS ANGELES HOUSING AND COMMUNITY INVESTMENT DEPARTMENT (HCIDLA) IN ITS ADMINISTRATION OF THE HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM INCLUDING PREPARING AN ASSESSMENT OF THE SYSTEM'S REGIONAL OFFICES. THESE OFFICES WERE CREATED AS PART OF THE PROGRAM DESIGN WE HELPED DEVELOP IN 2015. SINCE 1994, SHELTER PARTNERSHIP HAS ADMINISTERED THE SUPPORT FOR HOMELESS RE-ENTRY PROGRAM (SHORE) ON BEHALF OF THE CITY OF LOS ANGELES WITH RESOURCES FROM THE METROPOLITAN TRANSPORTATION AUTHORITY (METRO). THIS INNOVATIVE PROGRAM, WHICH WE CONCEPTUALIZED AND DEVELOPED WITH THE CITY TRANSPORTATION DEPARTMENT, CURRENTLY PROVIDES TRANSPORTATION TOKENS TO 18 COMMUNITY-BASED AGENCIES THROUGHOUT THE METROPOLITAN LOS ANGELES AREA THAT SERVE PERSONS EXPERIENCING HOMELESSNESS. DURING FISCAL YEAR 2017-18, 5,932 INDIVIDUALS WERE ASSISTED WITH 232,032 TOKENS AND NEARLY 11,677 "TAP CARDS" OR PASSES. THE TOKENS AND TAP CARDS WERE USED FOR JOBS, HOUSING, EDUCATION, BENEFITS, AS WELL AS

APPOINTMENTS FOR MEDICAL, MENTAL HEALTH, AND LEGAL NEEDS.

Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. SHELTER PARTNERSHIP CONTINUED WORKING ON THE UNITED WAY'S "HOME FOR GOOD INITIATIVE, " PARTICIPATING IN THE HOMELESS ANALYSIS COLLABORATIVE POLICY TEAM, "ADVOCATES UNITED" CALLS, AND THE COORDINATED ENTRY SYSTEM POPULATION INTEGRATION. SHELTER PARTNERSHIP REVIEWED SERVICE PLANS FOR PROPOSALS TO THE LOS ANGELES COUNTY COMMUNITY DEVELOPMENT COMMISSION'S AFFORDABLE RENTAL HOUSING PROGRAM AND THE STATE OF CALIFORNIA HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT'S MULTIFAMILY HOUSING PROGRAM (MHP) AND VETERANS HOUSING AND HOMELESS PREVENTION (VHHP) PROGRAM. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND BROUGHT TO THE FULL BOARD FOR APPROVAL BEFORE IT IS ELECTRONICALLY FILED. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST THAT COULD GIVE RISE TO CONFLICTS. THIS PROCESS IS OVERSEEN AND ENFORCED BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 15: DETERMINATION OF COMPENSATION OF OFFICERS, DIRECTORS, MANAGEMENT AND KEY EMPLOYEES IS BASED ON A BOARD ASSESSMENT OF COMPARABLE COMPENSATION DATA BASED ON INDUSTRY INFORMATION. THIS REVIEW AND APPROVAL PROCESS IS DOCUMENTED CONTEMPORANEOUSLY AT THE TIME OF THE APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC VIEWING ON

Name of the organization SHELTER PARTNERSHIP, INC.	Employer identification number 95-3976214
WWW.GUIDESTAR.ORG AND ON SHELTER PARTNERSHIP, INC.'S WEBSI	TE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	EST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DONATED SRB COMPUTER SOFTWARE LIC FEES	6,343.
PART XII, LINE 2C	
THE AUDIT OVERSIGHT COMMITTEE HAS NOT CHANGED ITS PROCESS	SINCE THE
PRIOR YEAR.	
PART XI, LINE 9	
THE FOUNDATION IS REPORTING DONATED SRB COMPUTER SOFTWARE	LICENSE FEES
REVENUE RECEIVED OF \$12,686, OF WHICH \$6,343 IS EXPENSED A	ND \$6,343 IS
CAPITALIZED, FOR A NET OTHER CHANGE IN NET ASSETS OF \$6,34	3.

EXTENDED TO MAY 15, 2019 Form **990-T** 

## **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning JUL~1, 2017 and ending JUN~30, 2018

20	<b>17</b>

OMB No. 1545-0687

► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization ( Check box if name changed and see instructions.) address changed **B** Exempt under section Print SHELTER PARTNERSHIP, INC. 95-3976214 E Unrelated business activity codes X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions.) Type 7408(e) 220(e) 520 S. GRAND AVE., SUITE 695 ີ|408A | ີ່ 530(a) City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90071 529(a) 812930 C Book value of all assets F Group exemption number (See instructions.) at end of year 5,891,181. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust SEE STATEMENT **H** Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No Yes If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ► RUTH SCHWARTZ Telephone number  $\triangleright$  213-688-2188 **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance ..... 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from partnerships and S corporations (attach statement) 5 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 8 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) STATEMENT 2 12 6,235. 6,235. 12 6,235. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 16 17 17 Interest (attach schedule) 18 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 6,235. 30 30 Net operating loss deduction (limited to the amount on line 30) 31 31 6,235. Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 1,000. 33 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or 34

line 32

Form 990-1		SHELTER PAR	TNERSHIP	, INC.			95-39	76214		Page 2
Part I	II T	Tax Computation								
35	Orgai	nizations Taxable as Corpora	tions. See instruc	tions for tax computa	tion.					
	Contr	olled group members (section	ıs 1561 and 1563)	check here	See instructions	and:				
а		your share of the \$50,000, \$2				der):				
		<b>[</b> \$		<u> </u>	(3)  \$	,				
h	` '	organization's share of: (1) A	. ,				_			
-		dditional 3% tax (not more tha	,		· —		_			
•	Incon	ne tax on the amount on line 3	μη φτου,υυυ <i>)</i>		SEE ST	ישתקיים	ਜ਼ਾ 5 <b>►</b>	- 35c	9	41.
36		s Taxable at Trust Rates. See						000		<del></del>
30				•				20		
0.7		Tax rate schedule or								
37		tax. See instructions						37		
38								38		
39	Tax o	n Non-Compliant Facility Inc	ome. See instruct	ions 				1 1		4.1
40	Total	Add lines 37, 38 and 39 to lin	ne 35c or 36, whic	hever applies				40	9	41.
Part I		Tax and Payments								
41a		gn tax credit (corporations atta								
b		credits (see instructions)								
C		ral business credit. Attach For								
d	Credi	t for prior year minimum tax (	attach Form 8801	or 8827)		41d				
е	Total	credits. Add lines 41a throug	h 41d					41e		
42	Subtr	act line 41e from line 40						42	9	<u>41.</u>
43	Other	taxes. Check if from: Fo	orm 4255 🔲 Fo	orm 8611 🔲 Forn	n 8697 🔲 Form	n 8866 🔲	Other (attach schedule)	43		
44	Total	tax. Add lines 42 and 43						44	9	41.
45 a	Paym	ents: A 2016 overpayment cr								
		estimated tax payments								
c	Tax d	eposited with Form 8868				45c				
q	Forei	gn organizations: Tax paid or v	vithheld at source	(see instructions)		45d				
		up withholding (see instruction								
		t for small employer health ins								
y			1011	n 2439 er		45.0				
40								46		
46	Fotim	payments. Add lines 45a throated tax penalty (see instructi	one) Check if For					46		
47		ue. If line 46 is less than the t						47	0	41.
48								48	9	41.
49		payment. If line 46 is larger th						49		
50		the amount of line 49 you wa				tion (	Refunded	- 50		
		Statements Regardii				•				T
51		y time during the 2017 calend	, ,	•	ū		•		Yes	No
		a financial account (bank, secu				-				
		N Form 114, Report of Foreig	n Bank and Financ	ial Accounts. If YES,	enter the name of t	he foreign co	ountry			
	here	·								X
52	Durin	g the tax year, did the organiz	ation receive a dis	tribution from, or was	it the grantor of, o	or transferor t	to, a foreign trust?			X
	If YES	S, see instructions for other fo	rms the organizati	on may have to file.						
53		the amount of tax-exempt into		•						
Cia-	Ur	ider penalties of perjury, I declare th rrect, and complete. Declaration of p	at I have examined the preparer (other than ta	s return, including accom xpayer) is based on all inf	panying schedules and formation of which prea	d statements, ar parer has any kr	nd to the best of my know nowledge.	ledge and belief, i	t is true,	
Sign						•		May the IRS discu	uss this return v	with
Here		<b>)</b>			CHAIR			the preparer show	n below (see	
		Signature of officer		Date	<b>▼</b> Title			instructions)?	【 Yes ☐	No
		Print/Type preparer's name	-	Preparer's signature		Date	Check	if PTIN		
Paid							self- employe			
Prepa	rer	NAZ AFSHAR							141843	
Use C		Firm's name ► GURSE		EIDER LLP			Firm's EIN	<b>&gt;</b> 95−3	330977	9
	,			Y PARK EAS	-	900				
		Firm's address ► LOS	ANGELES	, CA 9006'	7-1735		Phone no.	310-552	<u>2-096</u> 0	

Schedule A - Cost of Goods	<b>s Sold.</b> Enter	method of inver	ntory v	aluation ▶ N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)				property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b				the organization?		, , , ,			
Schedule C - Rent Income		Property and	d Per	sonal Property L	ease	d With Real Prop	erty		
(see instructions)									
Description of property									
(1)									
(2)									
(3)									
(4)									
(4)	2 Rent receiv	ed or accrued							
(a) From personal property (if the per-			and pers	onal property (if the percentage	ge	3(a) Deductions directly	connec	eted with the income in	ı
rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	property exceeds 50% or if ed on profit or income)	90	columns 2(a) ar	na 2(b) (	attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see	instru	ctions)		(-/			
		,		,		3. Deductions directly con			
			2	2. Gross income from or allocable to debt-	(2)	to debt-finance	ced prop		
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition	5 Average	adjusted basis	-	Column 4 divided		7. Gross income		8. Allocable deduct	ions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property h schedule)	`	by column 5		reportable (column 2 x column 6)		(column 6 x total of co 3(a) and 3(b))	
(1)		·	+	%			+		
(2)				%					
(3)				%					
(4)				%					
	1		1	70		nter here and on page 1,	+	Enter here and on pag	<u> </u>
						Part I, line 7, column (A).		Part I, line 7, column (	
Totals						0			0.
Total dividends-received deductions in							$\top$		0.

Form **990-T** (2017)

Schedule F - Interest, A			<u> </u>		Controlled O				<u> </u>		
Name of controlled organizat	ion	<b>2.</b> Em identifi num	cation	3. Net un (loss) (see	related income e instructions)	<b>4.</b> Tot payr	al of specified nents made	includ	rt of column 4 led in the cont zation's gross	trolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		unrelated incon see instructions		9. Total	of specified pays made	nents	10. Part of column in the controllingross	nn 9 tha ng orgar s income	nization's	<b>11</b> . Dowit	eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		0
Schedule G - Investme	nt Incor	ne of a S	Section	501(c)(7	7), (9), or (	17) Org	ganization				
(see insti	ructions)										
<b>1.</b> Desc	ription of inco	ome			2. Amount of	income	<ol> <li>Deduction directly connected (attach schedule)</li> </ol>	cted	4. Set-	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B).
Totals						0.					0
Schedule I - Exploited (see instru	Exempt	Activity	Incom	e, Other	Than Adv	/ertisin	g Income				•
	_		3 =	penses	4. Net incon	ne (loss)	_				7. Excess exempt
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly with pr of un	connected oduction irelated is income	from unrelated business (co minus colum gain, comput through	olumn 2 n 3). If a e cols. 5	<ol><li>Gross inco from activity t is not unrelat business inco</li></ol>	hat ed	attribu	penses table to ımn 5	expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	page 1	re and on 1, Part I, , col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Totals		0.		0.							0
Schedule J - Advertision											
Part I Income From I	Periodic	als Repo	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	▶	(	0.	0							0

# 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, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2017)

SHELTER PARTNERSHIP, INC	-	95-3976214
FORM 990-T DESCRIPT	ON OF ORGANIZATION'S PRIMARY UNREL BUSINESS ACTIVITY	LATED STATEMENT 1
SECT. 512 - UBTI - QUAI	LIFIED TRANSPORTATION FRINGE BENEFI	TS - PARKING
TO FORM 990-T, PAGE 1		
FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
JANUARY - JUNE EMPLOYEE	PARKING	6,235
TOTAL TO FORM 990-T, PAG	GE 1, LINE 12	6,235
FORM 990-T	INTEREST AND PENALTIES	STATEMENT 3
TAX FROM FORM 990-T, PA	ART IV	941
TOTAL AMOUNT DUE		974.
FORM 990-T	LATE PAYMENT PENALTY	STATEMENT 4

FORM 990-T	LATE PA	YMENT PENALTY	Y	STA	TEMENT 4
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	11/15/18 06/10/19	941.	941. 941.	7	33.
TOTAL LATE PAYMENT PENAL	TY				33.

FORM	990-T LINE 35C TAX COMPUTA	TION		STATEMENT	5
1.	TAXABLE INCOME		. 5,235		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	г.	. 5,235		
3.	LINE 1 LESS LINE 2		. 0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOU	NT .	. 0		
5.	LINE 3 LESS LINE 4		. 0		
6.	INCOME SUBJECT TO 34% TAX RATE		. 0		
7.	INCOME SUBJECT TO 35% TAX RATE		. 0		
8.	15 PERCENT OF LINE 2		. 785		
9.	25 PERCENT OF LINE 4		. 0		
10.	34 PERCENT OF LINE 6		. 0		
11.	35 PERCENT OF LINE 7		. 0		
12.	ADDITIONAL 5% SURTAX		. 0		
13.	ADDITIONAL 3% SURTAX		. 0		
14.	TOTAL INCOME TAX		_		785
			_		
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	1,099		
		DAYS			
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	396 545		
18.	TOTAL TAX PRORATED	365			941

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR **2017** 

## California Exempt Organization Annual Information Return

728941 12-06-17 FORM

199

Calen	dar Year	r 2017	or fiscal year beginning (mm/dd/yyyy)	07/01/2	017	, and ending (ı	mm/dd/yyy	/y)	06	/30/2018	<u> </u>
	oration/Or		, , , , , , , , , , , , , , , , , , , ,					ifornia corpo	oration n	umber	
SHI	ELTE:	R F	PARTNERSHIP, INC.					1331	017		
Addit	tional infor	rmation	. See instructions.				FE				
								<u>95-3</u>	<u>976</u>	214	
	t address							PMB no.			
	) S.	_GF	RAND AVE., SUITE 695								
City	~		7.0				State	ZIP code	4		
	S AN						CA	9007		d-	
Forei	gn country	y name		Foreign province/state/o	county			Foreign po	ostai co	ae	
_	irot Dot			Yes X No	I If avament	under DOTO Co	action 007	01d boot	ho ora	onization	
<b>A</b> F	IISI KELL Imandad	d Dotu	rn •			under R& 10 Se 1 political activi					X No
			47(a)(1) trust							· · · · · · · · · · · · · · · · · · ·	X No
			on Return?			iter the gross r					110
		Dissol		1erged/Reorganized		ition is exempt					
Е			ld/yyyy) ●	gg	-	the filing fee e					
			ing method: (1) Cash (2) X Accrua	I (3) Other	fee is requ	•					
F F	ederal re	eturn í	filed? (1) • X 990T (2) • 990PF (3)	• Sch H ( 990)	M Is the orga	anization a Limi					X No
(	4) X	Other	990 series		N Did the or	ganization file F	orm 100 c	or Form 10	09 to		
			filing? See instructions			able income? .					X No
			tion in a group exemption	Yes X No	_	anization under	-				
ľ	f "Yes," v	what is	s the parent's name?			d in a prior yea					
						Form 1023/102				Yes	X No
			ration have any changes to its guidelines		Date filed	with IRS					
Pa			the FTB? See instructions  ete Part I unless not required to file this fo		rmation D and	1.0					
1 4		1	Gross sales or receipts from other sources					•	1	412,44	6. 00
		2	Gross dues and assessments from member						2	112,11	00
		3							3	10,210,26	
Re	ceipts	4	Gross contributions, gifts, grants, and simi Total gross receipts for filing requirement test. Add This line must be completed. If the result is less that	line 1 through line 3. an \$50,000, see General Inf	formation B		STM	Г 2•	4	10,622,70	
_	and	5	Cost of goods sold			5		00			
Rev	renues	6	Cost or other basis, and sales expenses of			6		00			
		7	Total costs. Add line 5 and line 6						7		00
		8	Total gross income. Subtract line 7 from li	ne 4					8	10,622,70	
Evn	enses	9	Total expenses and disbursements. From S						9	11,390,78	
	Cliaca	10	Excess of receipts over expenses and disb	ursements. Subtract li	ne 9 from line	8		······ •	10	-768,07	3. 00
		11							11		00
		12	Use tax. See General Information K						12		00
F::::	F	13	Payments balance. If line 11 is more than I						13		00
FIIII	ng Fee	14 15	Use tax balance. If line 12 is more than line Filing fee \$10 or \$25. See General Informa						14 15	1	00 . 00
		16	Penalties and Interest. See General Informa	-1: I					16		00
					e. 11 from the	result				1	0. 00
		Under	<b>Balance due.</b> Add line 12, line 15, and line repealties of perjury, I declare that I have examined ue, correct, and complete. Declaration of preparer (o	this return, including accor	mpanying schedu	ules and statemen	nts, and to th	e best of my knowledge	y knowle	edge and belief,	
Sign Here		"	,		Title		Date			Telephone	
пете		Signa of offi	ature cicer		CHAIR						
					Date	Э	Check	if		PTIN	
		Prepa signa	arer's ture				self-en	mployed		P00441843	
Paid			s name		-					• FEIN	
Prepa	arer's	(or yo	GONDEL DCIMETE							95-3309779	<u>)                                    </u>
Use (	Only	emplo and a	delican		JITE 90	0				Telephone  Telephone	
			LOS ANGELES, CA							310-552-09	60
		May	the FTB discuss this return with the prepare	er shown above? See i	nstructions			• X	Yes	No	

### SHELTER PARTNERSHIP, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951	12-06-1

		1	Gross sales or receipts from all	business activities. See instru	ıctions		•	1	85,329.00
			Interest					2	2,559.00
			Dividends					3	00
Recei	ipts		Gross rents					4	
from			Gross royalties					5	00
Other	.	6	Gross amount received from sal	e of assets (See Instructions)		STZ	ATEMENT 3 •	6	
Sourc	ces	7	Other income			SEE STA	TEMENT 4 •	7	
		8	Total gross sales or receipts fro	m other sources. Add line 1 t	hrough	line 7. Enter here and o	on Side 1. Part I. line 1	8	110 115
		9	Contributions, gifts, grants, and				•	9	9,410,455.00
		10	Disbursements to or for membe	rs				10	00
		11	Disbursements to or for membe Compensation of officers, direct	ors, and trustees		SEE STA	TEMENT 5 •	11	110,920.00
		12	Other salaries and wages	,			•	12	750,508.00
Exper	nses		Interest					13	00
and			Taxes					14	88,809.00
Disbu	ırse-		Rents					15	125,823.00
ment	s	16	Depreciation and depletion (See	instructions)			•	16	307,815.00
		17	Depreciation and depletion (See Other Expenses and Disburseme	ents		SEE STA	ATEMENT 6 •	17	
		18	Total expenses and disburseme	nts. Add line 9 through line 17	7. Enter	here and on Side 1, Pa	art I, line 9	18	11,390,781.00
Sch	edul			Beginning of				d of tax	xable year
Asset	ts			(a)		(b)	(c)		(d)
1 (	Cash					751,835.			• 718,319.
<b>2</b> N	let acc	ounts	receivable			73,627.			<ul> <li>158,914.</li> </ul>
<b>3</b> N	let not	es rec	ceivable						•
<b>4</b> I	nvento	ries .			1	5,252,820.			<ul><li>14,727,071.</li></ul>
			state government obligations						•
			in other bonds						•
			in stock		_				•
	Mortga:	-							•
	Other in			0 227 416			0 254 5	20	•
10 a	Depr	eciab	le assets	9,227,416. (3,056,081.)		6,171,335.	9,254,5	7 \	5,891,181.
			mulated depreciation	( 3,030,001.	1	0,1/1,333.	( 3,303,34	<del>/ • /</del>	• 5,091,101.
11 L	allu Sthar a		STMT 7			105,075.			• 160,526.
					2	2,354,692.			21,656,011.
			et worth			2,331,032.			21,030,011.
			yable			100,528.			• 163,577.
			s, gifts, or grants payable			200,0200			•
			otes payable						•
			ayable						•
	Other li								
			or principal fund						•
			tal surplus. Attach reconciliation						•
			nings or income fund		2	2,254,164.			• 21,492,434.
			ies and net worth		2	2,354,692.			21,656,011.
Sch	edul	e M	I-1 Reconciliation of income	per books with income per re	eturn				
			Do not complete this sche	dule if the amount on Schedu	le L, line	e 13, column (d), is les	s than \$50,000.		
<b>1</b> N	Net inco	ome p	oer books	<u>• −768,0</u>	73.	7 Income recorded	on books this year		
			ne tax			not included in th	nis return		•
			pital losses over capital gains			8 Deductions in thi	s return not charged		
			ecorded on books this year				ome this year		•
	-		corded on books this year not			9 Total. Add line 7			
			this return		72	10 Net income per r			760 072
<u>6</u> T	otal. A	dd lir	ne 1 through line 5		13.	Subtract line 9 fr	om line 6		-768,073.

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3		STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE O GIFT	
CALIFORNIA COMMUNITY FOUNDATION	221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	09/11/	75,000
TOTAL INCLUDED ON LINE	3		75,000
CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3		STATEMENT 2
COMMUNICATION	CONTRIBUTOR'S ADDRES	3	
CONTRIBUTOR'S NAME	001(11(12010))	,	
	266 W 37TH ST, 22ND B	_	ORK, NY 10018
DELIVERING GOOD		_	ORK, NY 10018
DELIVERING GOOD PROPERTY DESCRIPTION		- FLOOR NEW Y	
DELIVERING GOOD PROPERTY DESCRIPTION	266 W 37TH ST, 22ND E	- FLOOR NEW Y ERSONAL CAR	
DELIVERING GOOD PROPERTY DESCRIPTION	266 W 37TH ST, 22ND F , HOUSEHOLD ITEMS, FURNITURE, PI  DATE OF GIFT TOTAL	FLOOR NEW YOUR TOWN TOWN THE PROPERTY OF T	E ITEMS
DELIVERING GOOD PROPERTY DESCRIPTION	266 W 37TH ST, 22ND F , HOUSEHOLD ITEMS, FURNITURE, PI  DATE OF GIFT TOTAL	FLOOR NEW YOUR THE PROPERTY OF	E ITEMS FMV OF GIFT
DELIVERING GOOD PROPERTY DESCRIPTION CLOTHING, SHOES, SOCKS  CONTRIBUTOR'S NAME	266 W 37TH ST, 22ND F , HOUSEHOLD ITEMS, FURNITURE, PI  DATE OF GIFT TOTAL  11/01/17 2,	ERSONAL CAR  AMOUNT  858,895.	E ITEMS  FMV OF GIFT  2,858,895.
DELIVERING GOOD PROPERTY DESCRIPTION CLOTHING, SHOES, SOCKS  CONTRIBUTOR'S NAME GOOD+ FOUNDATION	266 W 37TH ST, 22ND F , HOUSEHOLD ITEMS, FURNITURE, PI  DATE OF GIFT TOTAL  11/01/17 2,  CONTRIBUTOR'S ADDRESS  4505 W JEFFERSON BLVI	ERSONAL CAR  AMOUNT  858,895.	E ITEMS  FMV OF GIFT  2,858,895.
DELIVERING GOOD PROPERTY DESCRIPTION CLOTHING, SHOES, SOCKS  CONTRIBUTOR'S NAME GOOD+ FOUNDATION PROPERTY DESCRIPTION	266 W 37TH ST, 22ND F , HOUSEHOLD ITEMS, FURNITURE, PI  DATE OF GIFT TOTAL  11/01/17 2,  CONTRIBUTOR'S ADDRESS  4505 W JEFFERSON BLVI	ERSONAL CAR  AMOUNT 858,895.	E ITEMS  FMV OF GIFT  2,858,895.  ANGELES, CA
DELIVERING GOOD PROPERTY DESCRIPTION CLOTHING, SHOES, SOCKS  CONTRIBUTOR'S NAME GOOD+ FOUNDATION PROPERTY DESCRIPTION BABY, TODDLER AND CHILL	266 W 37TH ST, 22ND F , HOUSEHOLD ITEMS, FURNITURE, PI  DATE OF GIFT TOTAL  11/01/17 2,  CONTRIBUTOR'S ADDRESS  4505 W JEFFERSON BLVI 90016  DREN'S ITEMS AND CLOTHING, HOUSE	ERSONAL CAR  AMOUNT 858,895.  5 0 #105 LOS	E ITEMS  FMV OF GIFT  2,858,895.  ANGELES, CA

CONTRIBUT	OR'S	NAME
-----------	------	------

CONTRIBUTOR'S ADDRESS

ROSS STORES, INC.

110 E. 9TH STREET, STE. A979 LOS ANGELES, CA 90079

PROPERTY DESCRIPTION

CLOTHING, SHOES, PURSES

DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
07/14/17	731,657.	731,657.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

UNITED EXCHANGE CORP.

17211 VALLEY VIEW AVE CERRITOS, CA 90703

PROPERTY DESCRIPTION

PERSONAL CARE ITEMS

DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
12/14/17	349,333.	349,333.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

MATTEL CHILDREN'S FOUNDATION

333 CONTINENTAL BLVD., M1-0807 EL SEGUNDO, CA 90245

PROPERTY DESCRIPTION

CHILDREN'S CLOTHING, TOYS

DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
06/28/18	213,232.	213,232.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012

PROPERTY DESCRIPTION

SWEATSHIRTS, SWEATPANTS, UNDERWEAR, SOCKS

	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
	09/11/17	501,141.	501,141.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
PAIR OF THIEVES	7330 5813 WASI 90232	HINGTON BLVD CUL	VER CITY, CA
PROPERTY DESCRIPTION			
SOCKS			
	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
	08/22/17	471,975.	471,975.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
VANS, INC.	10250 SABTA NI 90067	IBUCA BLVD #2310	LOS ANGELES, CA
PROPERTY DESCRIPTION			
CLOTHING, SHOES			
		TOTAL AMOUNT	EMV OF CIEM
	05/17/18	681,555.	681,555.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

U.S. DEPARTMENT OF DEFENSE 26722 PLAZA MISSION VIEJO, CA 92691

PROPERTY DESCRIPTION

BLANKETS

	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
	12/13/17	363,593.	363,593.
TOTAL INCLUDED ON LINE 3			7,423,928.

CA 199 G:	ROSS AI	MOUNT	FROM SAL	E OF A	SSETS		STATEME	NT 3
DESCRIPTION			DA' ACQU		DAT SOL		ETHOD QUIRED	
						PU	RCHASED	•
			ST OR R BASIS	DEPR	EC.	EXPENSE OF SALE		OSS PRICE
	· · · · · · · · · · · · · · · · · · ·		0.		0.	(	).	98.
TOTAL TO FORM 199, PAGE 2	, LN 6		0.		0.	(	).	98.
CA 199		OTH	ER INCOM	E			STATEME	NT 4
DESCRIPTION							AMOU	NT
SURVEY INCOME CONSULTING SERVICES						_	32	50. 4,410.
TOTAL TO FORM 199, PART I	I, LIN	E 7				_	32	4,460.

CA 199	COMPENSATION O	F OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND A	ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
	AND AVE., SUITE 69 ES, CA 90071	5	DIRECTOR 3.00	0.
	LINAN AND AVE., SUITE 69 ES, CA 90071	5	DIRECTOR 3.00	0.
	REFIELD AND AVE., SUITE 69 ES, CA 90071	5	DIRECTOR 3.00	0.
	ZIO AND AVE., SUITE 69 ES. CA 90071	5	CHAIR 5.00	0.

SHELTER PARTNERSHIP, INC	<u>•</u>		95-3976214
KEITH SHARP, ESQ. 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
LOUISE OLIVER 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	SECRETARY 3.00	0.
PETER BARKER 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
THOMAS LANE 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
WILLIAM WITTE 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
RONALD M. GRIFFITH 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
KEVIN SULLIVAN 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	TREASURER 3.00	0.
JEFFREY KEAN 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
ERICH KLEIN 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
LANCE SIMON 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
RODNEY SWAN 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.
ANDREA GIBSON 520 S. GRAND AVE., SUITE LOS ANGELES, CA 90071	695	DIRECTOR 3.00	0.

SHELTER PARTNERSHIP, INC.		95-3976214
GAIL Q. GIBSON 520 S. GRAND AVE., SUITE 695 LOS ANGELES, CA 90071  DIRECTOR 3	.00	0.
TERRI KAPLAN 520 S. GRAND AVE., SUITE 695 LOS ANGELES, CA 90071  DIRECTOR 3	.00	0.
RUTH SCHWARTZ EXECUTIVE 520 S. GRAND AVE., SUITE 695 40. LOS ANGELES, CA 90071	DIRECTOR .00	110,920.
TOTAL TO FORM 199, PART II, LINE 11		110,920.
CA 199 OTHER EXPENSES		STATEMENT 6
DESCRIPTION		AMOUNT
REPAIRS AND MAINTENANCE INVENTORY OBSOLESCENCE WAREHOUSING TELEPHONE DIRECT EXPENSES OF FUNDRAISING EVENTS OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		74,983. 60,990. 24,566. 21,158. 85,329. 111,348. 24,071. 29,524. 32,941. 17,377. 36,751. 77,413.
CA 199 OTHER ASSETS		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	97,775. 7,300.	146,597. 13,929.
	105,075.	

SHELTER PARTNERSHIP,	INC.		95-3976214
CA 199	NONCASH CONTRIBUTIONS AND SIMILAR AMO		STATEMENT 8
ACTIVITY CLASSIFICAT	ION		
TO ASSIST THE ENTITY	WITH RESOURCES TO SUPI	PORT THE HOMELESS.	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
UNION RESCUE MISSION	545 S. SAN PEDRO STRE LOS ANGELES, CA 90013		277,456.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 277,456.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE  LONG BEACH U.S.  VETERANS INITIATIVE	ADDRESS OF DONEE  2001 RIVER AVENUE - I BEACH, CA 90810	ONG NONE	255,843.
LONG BEACH U.S.	2001 RIVER AVENUE - I		
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 255,843.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
FOSTER CARE COUNTS	11111 SANTA MONCIA BI SUITE 1650 - LOS ANGE 90025	•	253,928.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 253,928.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOPE OF THE VALLEY RESCUE MISSION	11134 SEPULVEDA BLVD. MISSION HILLS, CA 913		207,251.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 207,251.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOMELESS HEALTH CARE	2330 BEVERLY BLVD ANGELES, CA 90057	LOS NONE	157,219.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 157,219.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SHIELDS FOR FAMILIES	11601 S. WESTERN AVEN LOS ANGELES, CA 90047		156,637.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 156,637.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CORNERSTONE SAN FERNANDO VALLEY COMMUNIT	14660 OXNARD STREET NUYS, CA 91411	- VAN NONE	146,236.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 146,236.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MARY LIND RECOVERY CENTERS SOCIAL MODE:	360 SOUTH WESTLAKE AV L LOS ANGELES, CA 9005		142,315.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	AMOUNT
GIFT OF GIFT 06/30/18 142,315.	VARIOUS GOODS	DETERMINE BOOK VALUE  FAIR MARKET VALUE  RELATIONSHIP  RIVE - NONE	AMOUNT 139,375.
OF GIFT  06/30/18  142,315.  NAME OF DONEE  AIDS PROJECT LOS	ADDRESS OF DONEE 611 SOUTH KINGSLEY DE	DETERMINE BOOK VALUE  FAIR MARKET VALUE  RELATIONSHIP  RIVE - NONE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HUNTINGTON PARK THE SALVATION ARMY	2965 E GAGE AVE - HUNTINGTON NONE PARK, CA 90255		138,021.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 138,021.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CHRISTIAN OUTREACH APPEAL	515 EAST 3RD STREET - BEACH, CA 90802	LONG NONE	136,777.
		METHOD USED TO	
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	AMOUNT
GIFT OF GIFT 06/30/18 136,777.	VARIOUS GOODS	FAIR MARKET VALUE  RELATIONSHIP	AMOUNT 123,440.
GIFT OF GIFT 06/30/18 136,777.  NAME OF DONEE	ADDRESS OF DONEE 600 S. MAPLE AVENUE -	FAIR MARKET VALUE  RELATIONSHIP	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
PROTOTYPES HEALTHRIGHT 360	845 E. ARROW HWY - PO CA 91767	MONA, NONE	110,979.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 110,979.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONE	ADDDEGG OF DONER	DEL ARTONOUTD	AMOLINIE
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
DEEP GREEN HOUSING & COMMUNITY DEVELOPME	400 W. 9TH STREET, S 100 - LOS ANGELES, CA		108,960.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 108,960.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
DREAM CENTER FOUNDATION	2301 BELLEVUE AVENUE ANGELES, CA 90026	- LOS NONE	106,280.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

06/30/18 106,280. VARIOUS GOODS FAIR MARKET VALUE

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
PACIFIC CLINICS	2550 E. FOOTHILL BLVI PASADENA, CA 91107	NONE	105,960.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 105,960.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
A COMMUNITY OF FRIENDS	9130 S. FIGUEROA STRE LOS ANGELES, CA 90003		105,728.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	AMOUNT
OF GIFT 06/30/18 105,728.  NAME OF DONEE	VARIOUS GOODS	FAIR MARKET VALUE  RELATIONSHIP	AMOUNT 
OF GIFT  06/30/18  105,728.  NAME OF DONEE  TRUEVINE COMMUNITY	ADDRESS OF DONEE  5238 CLARK ST - LYNWO	FAIR MARKET VALUE  RELATIONSHIP	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ANGEL INTERFAITH NETWORK ST. CAMILLUS CA		LOS NONE	100,255.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 100,255.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
THE VILLAGE FAMILY SERVICES	6736 LAUREL CANYON BL #200 - NORTH HOLLYWOO 90016		96,749
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 96,749.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
RIVER COMMUNITY COVINA SOCIAL MODEL RECO	508 S. SECOND AVE CA 91723	COVINA, NONE	95,862
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 95,862.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SANTA FE SPRINGS TRANSITIONAL LIVI C	- 12000 EAST WASHINGTONG - WHITTIER, CA 90606	N BLVD. NONE	93,298.
DATE OF BOOK VAL		METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 93,29	8. VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF POWER	ADDRESS OF POWER		Morrie
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SRO HOUSING	1055 W. 7TH STREET - ANGELES, CA 90017	LOS NONE	93,198.
			,
DATE OF BOOK VAL GIFT OF GIFT	UE	METHOD USED TO DETERMINE BOOK VALUE	
GIFT OF GIFT	UE		,
GIFT OF GIFT	UE PROPERTY DESCRIPTION	DETERMINE BOOK VALUE	AMOUNT
OF GIFT 06/30/18 93,19  NAME OF DONEE	PROPERTY DESCRIPTION  8. VARIOUS GOODS  ADDRESS OF DONEE	PELATIONSHIP	
OF GIFT 06/30/18 93,19  NAME OF DONEE	PROPERTY DESCRIPTION  8. VARIOUS GOODS	PELATIONSHIP	
OF GIFT 06/30/18 93,19  NAME OF DONEE	PROPERTY DESCRIPTION  8. VARIOUS GOODS  ADDRESS OF DONEE  P.O. BOX 12345 - COV 91352	PELATIONSHIP	AMOUNT

NAME OF I	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	FISHES I CHARITIES	4322 SAN FERNANDO ROA GLENDALE, CA 91204	NONE	85,012.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	85,012.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF I	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ST. JOSE	PH'S CENTER	204 HAMPTON DRIVE - V CA 90291	ENICE, NONE	84,505.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	84,505.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF I	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOPE IN A	A SUITCASE	2355 WESTWOOD BLVD., 1121 - LOS ANGELES, C		83,689.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	83,689.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MIDNIGHT MISSION	601 S. SAN PEDRO STRE LOS ANGELES, CA 90014		83,495.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 83,495.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CRISIS HOUSING VOLUNTEERS OF AMERICA	2040 N GAREY AVE - PO CA 91767	DMONA, NONE	82,877.
DATE OF BOOK VALUE			
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
	<del></del>		
GIFT OF GIFT	<del></del>	DETERMINE BOOK VALUE	
GIFT OF GIFT	<del></del>	DETERMINE BOOK VALUE	
GIFT OF GIFT	<del></del>	DETERMINE BOOK VALUE	AMOUNT
OF GIFT 06/30/18 82,877.  NAME OF DONEE	ADDRESS OF DONEE 7530 SANTA MONICA BLV	DETERMINE BOOK VALUE FAIR MARKET VALUE  RELATIONSHIP NONE	AMOUNT 81,040.
OF GIFT  06/30/18  82,877.  NAME OF DONEE  WEST HOLLYWOOD COMMUNITY HOUSING	ADDRESS OF DONEE 7530 SANTA MONICA BLV	DETERMINE BOOK VALUE FAIR MARKET VALUE  RELATIONSHIP NONE	<del></del>

NAME OF I	OONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
ST. VINCE	ENT SHELTER	621 WEST ADAMS BOULEY LOS ANGELES, CA 90007		NONE	80,218.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		OD USED TO INE BOOK VALUE	
06/30/18	80,218.	VARIOUS GOODS	FAIR MA	ARKET VALUE	
NAME OF I	OONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
	JSE JEWISH ERVICES L.A.	P.O. BOX 50007 - PASA CA 91115	ADENA,	NONE	78,955.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		OD USED TO INE BOOK VALUE	
06/30/18	78,955.	VARIOUS GOODS	FAIR MA	ARKET VALUE	
NAME OF I	DONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
	YOUTH HOMES SERVICES	6957 N. FIGUEROA STRE LOS ANGELES, CA 90041		NONE	78,240.
			Managara	OD USED TO	
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		INE BOOK VALUE	

NAME OF D	OONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
BELL SHEL SALVATION	TER THE ARMY	5600 RICKENBACKER RD. 2A-B - BELL, CA 90201	, BLDG.	NONE	76,966.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	_	D USED TO NE BOOK VALUE	
06/30/18	76,966.	VARIOUS GOODS	FAIR MA	RKET VALUE	
NAME OF F	ONEE	ADDDEGG OF DOMES			AMOITNE
NAME OF D	OONEE 	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
CHILDREN' SOUTHERN		1910 MAGNOLIA AVENUE ANGELES, CA 90007	- LOS	NONE	75,857.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		D USED TO NE BOOK VALUE	
06/30/18	75,857.	VARIOUS GOODS	FAIR MA	RKET VALUE	
NAME OF D	OONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
	<del></del>			NONE	
HELPING K		937 E ALBERTOINI STRE		NONE	74,643.
RECOVER I	INC. BOOK VALUE		A 90746 METHC	D USED TO	74,643.

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
JWCH INSTITUTE, INC.	5650 JILLSON STREET - COMMERCE, CA 90040	NONE	73,561.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 73,561.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SUPPORTIVE HOUSING ELLA'S FOUNDATION			70,811.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 70,811.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF BONES	ADDDEGG OF DOWER	DEL MITONGUED	MOLINE
NAME OF DONEE  BIBLE TABERNACLE	ADDRESS OF DONEE  1761 WASHINGTON WAY -	RELATIONSHIP	AMOUNT
DIDDE INDEMNACHE	VENICE, CA 90291	MOME	70,803.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

06/30/18 70,803. VARIOUS GOODS FAIR MARKET VALUE

NAME OF I	OONEE	ADDRESS OF DONEE	RELATIONSHI	P AMOUNT
	GABRIEL DALITION FOR	1345 TURNBULL CANYON HACIENDA HTS, CA 9171		70,803.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALU	E
06/30/18	70,803.	VARIOUS GOODS	FAIR MARKET VALUE	_
NAME OF I	OONEE	ADDRESS OF DONEE	RELATIONSHI	P AMOUNT
IN HIS LO	OVING	1046 W. 56TH STREET - ANGELES, CA 90650	LOS NONE	69,783.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALU	E
06/30/18	69,783.	VARIOUS GOODS	FAIR MARKET VALUE	_
NAME OF I	OONEE	ADDRESS OF DONEE	RELATIONSHI	P AMOUNT
IMMANUEL INC.	HOUSING,	1800 E. 85TH STREET - ANGELES, CA 90001	LOS NONE	69,341.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALU	E
06/30/18	69,341.	VARIOUS GOODS	FAIR MARKET VALUE	_

NAME OF DONEE  JENESSE CENTERS  DATE OF BOOK VALUE GIFT OF GIFT	ADDRESS OF DONEE  3761 STOCKER STREET, 100 - LOS ANGELES, CA  PROPERTY DESCRIPTION		AMOUNT 68,608.
06/30/18 68,608.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
THE LOS ANGELES COUNTY COMMUNITY DEVELOP	700 WEST MAIN STREET ALHAMBRA, CA 91801	- NONE	67,814.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 67,814.	VARIOUS GOODS	FAIR MARKET VALUE	
06/30/18 67,814.  NAME OF DONEE	ADDRESS OF DONEE	FAIR MARKET VALUE  RELATIONSHIP	AMOUNT
		RELATIONSHIP	AMOUNT 66,493.
NAME OF DONEE  FAMILY VIOLENCE PROJECT - HOPE	ADDRESS OF DONEE 827 S. GRAMERCY PLACE	RELATIONSHIP	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VENICE COMMUNITY HOUSING CORPORATION	720 ROSE AVENUE - VEN 90291	ICE, CA NONE	66,461.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 66,461.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CITY OF LOS ANGELES OFFICE OF CONTROLLER			65,632
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 65,632.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WOMEN ORGANIZING RESOURCES, KNOWLEDGE AN	795 N. AVENUE 50 - LO ANGELES, CA 90042	S NONE	64,681
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

06/30/18 64,681. VARIOUS GOODS FAIR MARKET VALUE

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
1736 FAMILY CRISIS CENTER	21707 HAWTHORNE BLVD TORRANCE, CA 90503	#300 - NONE	64,575.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 64,575.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ANTELOPE VALLEY CORPS THE SALVATION ARMY	44517 SIERRA HWY - LANCASTER, CA 93534	NONE	62,120.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 62,120.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
NAME OF DONEE PARENTS OF WATTS	ADDRESS OF DONEE  10828 LOU-DILLON AVEN LOS ANGELES, CA 90059	IUE - NONE	AMOUNT 61,666.
	10828 LOU-DILLON AVEN	IUE - NONE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
METRO KIDZ	1801 S. GRAND AVE ANGELES, CA 90015	LOS NONE	61,589.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 61,589.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
JOURNEY HOUSE	1232 N. LOS ROBLES AV PASADENA, CA 91104	JENUE - NONE	59,213.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 59,213.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BEHAVIORAL HEALTH SERVICES, INC. JOIN'S	15519 CRENSHAW BLVD. GARDENA, CA 90249	- NONE	59,120.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 59,120.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LONG BEACH FAMILY SHELTER CATHOLIC CHARI	123 E. 14TH STREET - BEACH, CA 90813	LONG NONE	56,956.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 56,956.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CHOISS PERMANENT SUPPORTIVE HOUSING ALLI	825 COLORADO BLVD. S' - LOS ANGELES, CA 900		56,677.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 56,677.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WEINGART CENTER ASSOCIATION	566 S. SAN PEDRO ST. ANGELES, CA 90013	- LOS NONE	55,159.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 55,159.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
PROJECT NEW HOPE	1004 ECHO PARK AVENUE ANGELES, CA 90026	- LOS NONE	54,027.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 54,027.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
YWCA GREATER LOS ANGELES	7515 PACIFIC BLVD N	WALNUT NONE	52,131.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 52,131.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
STUDENT AND COMMUNITY SERVICES PARA LOS	500 LUCAS AVENUE - LOS ANGELES, CA 90017	S NONE	51,913.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 51,913.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BRIDGE TO HOME	P.O. BOX 802978 - CLARITA, CA 91380	SANTA NONE	51,762.
DATE OF BOOK VA		METHOD USED TO N DETERMINE BOOK VALUE	
06/30/18 51,7	62. VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	TON 801 E. CHAPMAN AVE		
SERVICES OF ORAN			51,570.
DATE OF BOOK VA		METHOD USED TO N DETERMINE BOOK VALUE	
06/30/18 51,5	70. VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ESSENCE OF LIGHT	744 WEST 111TH STREAMGELES, CA 90044	EET - LOS NONE	50,840.
DATE OF BOOK VA		METHOD USED TO N DETERMINE BOOK VALUE	
GIFI OF GIF	I FROFERII DESCRIFIIO	N DETERMINE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LANCASTER COMMUNITY SHELTER GRACE RESOUR	45134 N. SIERRA HWY. LANCASTER, CA 93534	- NONE	50,759.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 50,759.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MARIPOSA AND MENLO HOUSES AIDS/HIV HEALT	1731 S. MENLO STREET ANGELES, CA 90006	- LOS NONE	49,692.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 49,692.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BABY2BABY	6435 WILSHIRE BLVD	LOS NONE	49,251.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 49,251.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
EPSA WINTER SHELTER ST. ATHANASIUS EPISC	840 ECHO PARK AVE - L ANGELES, CA 90026	OS NONE	48,203.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 48,203.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WLCAC-HOMELESS ASSISTANCE PROGRAM	958 E. 108TH STREET - ANGELES, CA 90059	LOS NONE	46,708.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 46,708.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	A MOLINE
	2029 CENTURY PARK EAS	<del></del>	AMOUNT
FOR THE AGING, INC.	4393 - LOS ANGELES, C	A 90067	46,603.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

06/30/18 46,603. VARIOUS GOODS FAIR MARKET VALUE

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CHILDRENS INSTITUTE, INC.	2121 W. TEMPLE STREET ANGELES, CA 90026	- LOS NONE	46,279.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 46,279.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SUPPORTIVE SERVICES NORTH VALLEY CARING	15453 RAYEN STREET - HILLS, CA 91343	NORTH NONE	45,050.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT	VARIOUS GOODS	DETERMINE BOOK VALUE	AMOUNT
OF GIFT 06/30/18 45,050.  NAME OF DONEE	ADDRESS OF DONEE  832 W. JAMES M. WOOD	PELATIONSHIP BLVD NONE	AMOUNT 44,940.
OF GIFT  06/30/18  45,050.  NAME OF DONEE  ZAHN CENTER THE SALVATION ARMY  DATE OF BOOK VALUE	ADDRESS OF DONEE  832 W. JAMES M. WOOD	PELATIONSHIP BLVD NONE	<del></del>

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BIENESTAR HUMAN SERVICES, INC.	5326 E. BEVERLY BLVD. ANGELES, CA 90022	- LOS NONE	44,627.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 44,627.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CORNERSTONE SAN FERNANDO VALLEY COMMUNIT	14660 OXNARD STREET - NUYS, CA 91411	VAN NONE	44,031.
COMMONTI			
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
DATE OF BOOK VALUE			
DATE OF BOOK VALUE GIFT OF GIFT		DETERMINE BOOK VALUE	
DATE OF BOOK VALUE GIFT OF GIFT		DETERMINE BOOK VALUE	AMOUNT
DATE OF BOOK VALUE OF GIFT 44,031.	VARIOUS GOODS	FAIR MARKET VALUE  RELATIONSHIP	AMOUNT 43,826.
DATE OF BOOK VALUE OF GIFT  06/30/18  A44,031.  NAME OF DONEE  MCKINLEY CHILDREN'S	ADDRESS OF DONEE 762 W. CYPRESS STREET	FAIR MARKET VALUE  RELATIONSHIP	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WOMENSHELTER OF LONG BEACH	PO BOX 32107 - LONG BI CA 90832	EACH, NONE	43,298.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 43,298.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MARYVALE	7600 E. GRAVES AVENUE ROSEMEAD, CA 91770	- NONE	43,113.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	AMOUNT
GIFT OF GIFT 06/30/18 43,113.	ADDRESS OF DONEE  5721 S. WESTERN AVENUE	PELATIONSHIP	AMOUNT 42,889.
OF GIFT 06/30/18 43,113.  NAME OF DONEE TCLC CRISIS HOUSING	ADDRESS OF DONEE  5721 S. WESTERN AVENUE	PELATIONSHIP	<del></del>

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MEND	10641 N. SAN FERNANDO PACOIMA, CA 91331	ROAD - NONE	42,676.
DATE OF BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 42,676.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
			AMOUNT
DAVID & MARGARET HOME, THE	1350 THIRD STREET - L. VERNE, CA 91750	A NONE	40,839.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 40,839.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SHELTER PARTNERSHIP - OUTREACH	523 W. SIXTH STREET. 616 - LOS ANGELES, CA		40,704.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
DIDI HIRSCH COMM. MENTAL HEALTH CTR	4760 S. SEPULVEDA BLV CULVER CITY, CA 90230	D NONE	40,577.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 40,577.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
COALITION FOR RESPONSIBLE COMMUNITY DEVE	3101 S. GRAND AVENUE ANGELES, CA 90007	- LOS NONE	39,873.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 39,873.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ALEGRIA THE SALVATION ARMY	2737 SUNSET BLVD L ANGELES, CA 90026	OS NONE	39,115.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 39,115.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF D	ONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	INVOLVEMENT	8220 S. SAN PEDRO STR LOS ANGELES, CA 90003		38,705.
DATE OF :	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	38,705.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF D	ONEE ———	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CATHOLIC :	RAINBOW	11419 CARMENITA - WHI CA 90605	TTIER, NONE	37,799.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	37,799.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF D	ONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ALCOHOLIST FOR WOMEN		1147 SOUTH ALVARADO S LOS ANGELES, CA 90006		37,026.
DATE OF :	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

06/30/18 37,026. VARIOUS GOODS FAIR MARKET VALUE

NAME OF DONEE  BETHEL LA COMMUNITY DEVELOPMENT  DATE OF BOOK VALUE GIFT OF GIFT	ADDRESS OF DONEE  7911 S. WESTERN AVENU ANGELES, CA 90047  PROPERTY DESCRIPTION	RELATIONSHIP  TE - LOS NONE  METHOD USED TO DETERMINE BOOK VALUE	AMOUNT 36,292.
$\frac{6111}{06/30/18} \frac{61 6111}{36,292}$	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
TRUDY NORMAN LEWIS VALLEY SHELTER L.A. F	7843 LANKERSHIM BLVD. LANKERSHIM BLVD. NORT HOLLYWOOD, CA 91605		36,159.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 36,159.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SU CASAENDING DOMESTIC ABUSE	3840 WOODRUFF AVENUE, 203 - LONG BEACH, CA		35,962.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 35,962.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF L	OONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
COMUNIDAD CHAVEZ L. HOUSI	CESAR A. FAMILY	207 NORTH BREED STREE ANGELES, CA 90033	T - LOS NONE	35,150.
_	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	35,150.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF D	OONE E	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
JOVENES,	<del></del>	1208 PLEASANT AVE -	<del></del>	
·		ANGELES, CA 90033		35,011.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	35,011.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF D	ONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ANGEL'S F	<del></del>	357 S. WESTLAKE AVENU		AMOUNT 34,942.
ANGEL'S F CATHOLIC OF LOS	LIGHT	357 S. WESTLAKE AVENU		

NAME OF I	OONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
WESTWOOD TRANSITION THE SALVA		1401 S. SEPULVEDA BLVI LOS ANGELES, CA 90025	O. –	NONE	34,134.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		D USED TO NE BOOK VALUE	
06/30/18	34,134.	VARIOUS GOODS	FAIR MA	RKET VALUE	
NAME OF I	OONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
FOSTER CI	HILDRENS	19441 BUSINESS CENTER		NONE	
RESOURCE	CENTER	#110 - NORTHRIDGE, CA	91324		34,088.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		D USED TO NE BOOK VALUE	
06/30/18	34,088.	VARIOUS GOODS	FAIR MA	RKET VALUE	
NAME OF I	OONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
TEMPLE IS	SRAEL	5200 LANKERSIM BLV, ST - NORTH HOLLYWOOD, CA		NONE	34,006.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		D USED TO NE BOOK VALUE	
06/30/18	34,006.	VARIOUS GOODS	FAIR MA	RKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SPECIAL SERVICES FOR GROUPS/HOP	5715 S. BROADWAY - LO	NONE	33,451.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 33,451.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ROTARY CLUB OF LOS ANGELES FOUNDATION	523 W 6TH STREET, SUI - LOS ANGELES, CA 900		33,333.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 33,333.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GLENDALE CORPS THE SALVATION ARMY	320 W. WINDSOR ROAD - GLENDALE, CA 91204	NONE	32,847.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 32,847.	VARIOUS GOODS	FAIR MARKET VALUE	

ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
7120 FRANKLIN AVENUE - ANGELES, CA 90046	- LOS NONE	32,280.
PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
VARIOUS GOODS	FAIR MARKET VALUE	
ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	S NONE	31,964.
PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
VARIOUS GOODS	FAIR MARKET VALUE	
ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ADDRESS OF DONEE  1041 REDONDO AVENUE - BEACH, CA 90804		AMOUNT 31,308.
1041 REDONDO AVENUE -		
	7120 FRANKLIN AVENUE ANGELES, CA 90046  PROPERTY DESCRIPTION  VARIOUS GOODS  ADDRESS OF DONEE  840 N. AVENUE 66 - LOS ANGELES, CA 90042	7120 FRANKLIN AVENUE - LOS NONE ANGELES, CA 90046  PROPERTY DESCRIPTION  VARIOUS GOODS  ADDRESS OF DONEE  840 N. AVENUE 66 - LOS ANGELES, CA 90042  PROPERTY DESCRIPTION  METHOD USED TO DETERMINE BOOK VALUE  RELATIONSHIP MONE ANGELES, CA 90042  METHOD USED TO DETERMINE BOOK VALUE

NAME OF DONEE	ADDRESS OF DOM	IEE	RELATIONSHIP	AMOUNT
WEST COVINA ACCIOUTREACH CENTER	ESS & 1760 WEST CAME VOL STE. 104 - WES 91790		NONE	29,484.
DATE OF BOOK V	_		OD USED TO INE BOOK VALUE	
06/30/18 29,	484. VARIOUS GOODS	FAIR M	ARKET VALUE	
NAME OF DONEE	ADDRESS OF DON	IEE	RELATIONSHIP	AMOUNT
CROSSROADS, INC	P.O. BOX 15 - 91711	CLAREMONT, CA	NONE	29,310.
DATE OF BOOK V			OD USED TO INE BOOK VALUE	
06/30/18 29,	310. VARIOUS GOODS	FAIR M	ARKET VALUE	
NAME OF DONEE	ADDRESS OF DOM	NEE	RELATIONSHIP	AMOUNT
HEALTHY START DO			NONE	28,691.
DATE OF BOOK V			OD USED TO INE BOOK VALUE	
06/30/18 28,	691. VARIOUS GOODS	FAIR M	ARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ROSEMARY CHILDREN'S SERVICES	36 S. KINNELOA AVENUE 100 - PASADENA, CA 91		27,796.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 27,796.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOLLYGROVE UPLIFT FAMILY SERVICES	815 N. EL CENTRO AVE ANGELES, CA 90038	- LOS NONE	27,080.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 27,080.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ST. ANNES RESIDENTIAL FACILITY	155 N. OCCIDENTAL BLV LOS ANGELES, CA 90026		26,724.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SUPPORTIVE SERVICES PROGRAM HOLLYWOOD CO	5020 WEST SANTA MONIC - HOLLYWOOD, CA 90029	A BLVD. NONE	26,411.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 26,411.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VALLEY OASIS EMERGENCY SHELTER	P.O. BOX 2980 - LANCA CA 93539	STER, NONE	26,206.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 26,206.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	543 NORTH FAIRFAX AVE		26,005.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
IMAGINE LA	5455 WILSHIRE BLVD., 1001 - LOS ANGELES, C		25,840.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 25,840.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
FAMILY EMERGENCY HOUSING PROGRAM VOLUNTE	8224 SOUTH BROADWAY - ANGELES, CA 90003	LOS NONE	25,769.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 25,769.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
FLOSSIE LEWIS CENTER BEHAVIORAL HEALTH S		ONG NONE	25,575.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 25,575.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
THE BIDD CHARITAB FOUNDATI	LE	2249 SO. HARVARD BLVI ANGELES, CA 90018	O LOS NONE	24,062.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	24,062.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WEST VALUE PANTRY PEACE	LEY FOOD	5700 RUDNICK AVE - WO		23,817.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	23,817.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BEYOND S	HELTER PATH	5101 SOUTH BROADWAY - ANGELES, CA 90037	- LOS NONE	23,638.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	23,638.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HAPPY TRAILS FOR	2525 OCEAN PARK BLVD. - SANTA MONICA, CA 90		23,587.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 23,587.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HARBOR VIEW HOUSE,	921 SOUTH BEACON STRE SAN PEDRO, CA 90731	EET - NONE	23,014.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 23,014.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
OUR SAVIOUR CENTER	4368 SANTA ANITA AVEN MONTE, CA 91731	IUE - EL NONE	22,242.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 22,242.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
TURNING POINT ALCOHOL & DRUG EDUCATION P	1453 16TH STREET - SA MONICA, CA 90404	NONE NONE	22,082.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 22,082.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
UPWARD BOUND HOUSE	1020 12TH STREET - SA		
	MONICA, CA 90403		22,022.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 22,022.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VETERAN OPPORTUNITY			
CENTER NEW DIRECTION			21,646.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 21,646.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
STUDENTS SOLDIERS JUSTICE MEMORIAL FOUND	4908 GLEN IRIS AVE - ANGELES, CA 90041	LOS NONE	21,328.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 21,328.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
STEP UP ON SECOND	1328 2ND STREET - SAN MONICA, CA 90401	ITA NONE	21,279.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 21,279.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
INDEPENDENT LIVING CENTER	14407 GILMORE STREET VAN NUYS, CA 91401	#101 - NONE	21,233.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 21,233.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF I	OONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	TER SHELTER UNITY MEALS		BLVD NONE	21,108.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	21,108.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF I	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	DALUPE LOS HOUSE OF		T - LOS NONE	20,700.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	20,700.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF I	OONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ST. FRANC	CIS CENTER	1835 SOUTH HOPE STREE ANGELES, CA 90015	T - LOS NONE	19,759.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
PENNY LANE CENTERS	15317 RAYEN STREET - HILLS, CA 91343	NORTH NONE	19,675.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,675.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LAMP COMMUNITY	526 SAN PEDRO STREET ANGELES, CA 90013	- LOS NONE	19,610.
DATE OF BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,610.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BIENVENIDOS CHILDRENS CENTER, INC.	316 WEST 2ND STREET, 800 - LOS ANGELES, CA	SUITE NONE 1 90012	19,503.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,503.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LOS ANGELES MISSION	303 EAST 5TH STREET - ANGELES, CA 90013	LOS NONE	19,363.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,363.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ASIAN AMERICAN DRUG ABUSE PROGRAM (AADAP	5318 S. CRENSHAW BLVD ANGELES, CA 90043	LOS NONE	19,252.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,252.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
COMMUNITY ENGAGEMENT THE JEWISH FEDERATI	6505 WILSHIRE BLVD., 900 - LOS ANGELES, CA		19,127.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,127.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
A SENSE OF HOME	1065 ELKGROVE AVE. #2 VENICE, CA 90291	- NONE	19,021.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,021.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BEACON HOUSE ASSOC. OF SAN PEDRO	1003 SOUTH BEACON ST. PEDRO, CA 90731	- SAN NONE	19,003.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 19,003.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BACK TO SCHOOL	22103 VANOWEN STREET	- NONE	
FAMILY RESCUE CENTER	CANOGA PARK, CA 91303		18,907.
	CANOGA PARK, CA 91303 PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	18,907.

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SCHARP	2610 INDUSTRY WAY, SUITE A - NONE LYNWOOD, CA 90262		18,276.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 18,276.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
JOINT EFFORTS, INC.BEHAVIORAL HEALTH SER	15519 CRENSHAW BLVD. GARDENA, CA 90249	- NONE	18,068.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 18,068.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HARBOR INTERFAITH SHELTER	670 W. 9TH STREET - S PEDRO, CA 90731	SAN NONE	17,861.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,861.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SABAN COMMUNITY CLINIC	8405 BEVERLY BLVD - L ANGELES, CA 90048	OS NONE	17,820.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,820.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
INLAND VALLEY HOPE PARTNERS	1753 NORTH PARK AVENU POMONA, CA 91768	E #20 - NONE	17,651.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,651.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SAN GABRIEL REGION CATHOLIC CHARITIES OF	1307 WARREN STREET - ANGELES, CA 90033	LOS NONE	17,630.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,630.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MENTAL HEALTH AMERICA (LANCASTER)	506 WEST JACKSON STRE LANCASTER, CA 93534	ET - NONE	17,523.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,523.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	A MOLINE
	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
RECYCLED RESOURCES FOR THE HOMELESS	715 NOLDEN STREET - L ANGELES, CA 90042	OS NONE	17,499.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,499.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HAVEN HOUSE JEWISH FAMILY SERVICES L.A.	P.O. BOX 50007 - PASA CA 91115	DENA, NONE	17,416.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
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NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ACCESS CENTER PATH	1453 16TH STREET - SA MONICA, CA 90404	NTA NONE	17,394.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,394.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
UP4YOUTH EXTRAORDINARY FAMILIES	221 NORTH ARDMORE AVE ANGELES, CA 90004	- LOS NONE	17,392.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 17,392.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
RAINBOW SERVICES	453 W. 7TH STREET - S PEDRO, CA 90731	AN NONE	17,246.
DATE OF BOOK VALUE		METHOD USED TO	
GIFT OF GIFT	PROPERTY DESCRIPTION	DETERMINE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CENTURY VILLAGES AT CABRILLO	2001 RIVER AVENUE - Lo BEACH, CA 90810	ONG NONE	17,126.
DATE OF BOOK VALUE GIFT OF GIFT	METHOD USED TO PROPERTY DESCRIPTION DETERMINE BOOK VALUE		
06/30/18 17,126.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LONG BEACH MULTI SERVICE CENTER LONG BEA		- LONG NONE	16,911.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 16,911.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MENLO FAMILY CENTER KOREATOWN YOUTH & CO			16,858.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 16,858.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LIVE AGAIN RECOVERY	38215 N. SAN FRANCISQUITO NONE CYN. RD SAUGUS, CA 91390		16,602.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 16,602.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BLUE BUTTERFLY VILLAGE VOLUNTEERS OF AME	1556 W. PALOS VERDES NORTH - SAN PEDRO, CA		16,449.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 16,449.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
JFS·HOPE JEWISH FAMILY SERVICES OF LOS A	827 S. GRAMERCY PLACE ANGELES, CA 90005	- LOS NONE	16,072.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 16,072.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MENTAL HEALTH AMERICA	456 ELM AVENUE - LONG E	BEACH, NONE	16,032.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION I	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 16,032.	VARIOUS GOODS F	'AIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
PATHWAYS TO HOME VOLUNTEERS OF AMERICA	3600 WILSHIRE BLVD, SUI 1500 - LOS ANGELES, CA		15,486.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION I	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 15,486.	VARIOUS GOODS F	'AIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOUSE OF RUTH, CLAREMONT	P.O. BOX 459 - CLAREMON 91711	IT, CA NONE	15,306.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION I	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 15,306.	VARIOUS GOODS F	AIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
THE GIVING SPIRIT	11908 MONTANA AVENUE LOS ANGELES, CA 90049		14,999.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 14,999.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GATEWAYS HOSPITAL & MENTAL HEALTH CENTER	444 N. HOOVER STREET ANGELES, CA 90004	- LOS NONE	14,842.
DATE OF BOOK VALUE	DDODEDWY DEGCDIDWION	METHOD USED TO	
GIFT OF GIFT	PROPERTY DESCRIPTION	DETERMINE BOOK VALUE	
06/30/18 OF GIFT 14,842.		FAIR MARKET VALUE	
			AMOUNT
06/30/18 14,842.	ADDRESS OF DONEE  555 OCEAN BLVD., SUIT	FAIR MARKET VALUE  RELATIONSHIP	AMOUNT 14,704.
NAME OF DONEE LINC HOUSING CORPORATION  DATE OF BOOK VALUE	ADDRESS OF DONEE  555 OCEAN BLVD., SUIT	FAIR MARKET VALUE  RELATIONSHIP	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CASA YOUTH SHELTER	10911 REAGAN STREET - ALAMITOS, CA 90720	LOS NONE	14,525.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 14,525.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
PROYECTO PASTORAL	171 S. GLESS STREET - ANGELES, CA 90033	LOS NONE	14,380.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 14,380.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GOOD SHEPHERD CENTER FOR HOMELESS WOMEN	1671 BEVERLY BLVD - L ANGELES, CA 90026	NONE NONE	14,317.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO	
0111 01 0111	PROPERTY DESCRIPTION	DETERMINE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GRAMERCY HOUSING GROUP	1824 4TH AVENUE - LOS ANGELES, CA 90019	NONE	14,052.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 14,052.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ST. MARGARET'S CENTER CATHOLIC CHARITIES		E - NONE	13,833.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 13,833.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LIFE ENRICHMENT WORLDWIDE MINISTRIES	823 W. MANCHESTER AVE LOS ANGELES, CA 90044	NUE - NONE	13,765.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 13,765.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CASA PACIFICA CENTERS FOR CHILDREN AND F	1722 S. LEWIS ROAD - CAMARILLO, CA 93012	NONE	13,743.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 13,743.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LUTHERAN SOCIAL SERVICES	21430 STRATHERN STREE CANOGA PARK, CA 91401		13,561.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 13,561.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
FREEHAB THE TEEN PROJECT, INC.	8140 SUNLAND BLVD VALLEY, CA 91352	SUN NONE	13,494.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 13,494.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOLIDAY TOY GIVEAWAY AND HEALTH FAIR TO	714 OLYMPIC BLVD, SUI - LOS ANGELES, CA 900		13,295.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 13,295.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOME AT LAST COMMUNITY DEVELOPMENT CORPO	2514 W. VERNON AVENUE ANGELES, CA 90008	- LOS NONE	13,181.
DHVHHOI MHNI CORIO			
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
DATE OF BOOK VALUE			
DATE OF BOOK VALUE GIFT OF GIFT		DETERMINE BOOK VALUE	
DATE OF BOOK VALUE GIFT OF GIFT		DETERMINE BOOK VALUE	AMOUNT
DATE OF BOOK VALUE OF GIFT OF GIFT 13,181.	VARIOUS GOODS	TE C - NONE	AMOUNT 13,004.
DATE OF BOOK VALUE OF GIFT  06/30/18  13,181.  NAME OF DONEE  PROJECT 180 SPECIAL	ADDRESS OF DONEE  470 E 3RD STREET, SUI	TE C - NONE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ALTAMED	512 S. INDIANA STREET ANGELES, CA 90068	- LOS NONE	11,934.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 11,934.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SAN GABRIEL VALLEY CENTER CALIFORNIA HIS	11046 VALLEY MALL - E MONTE, CA 91731	L NONE	11,827.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
GIFT OF GIFT		DETERMINE BOOK VALUE	
GIFT OF GIFT 11,827.	VARIOUS GOODS	DETERMINE BOOK VALUE FAIR MARKET VALUE	<b>AMOIIN</b> T
GIFT OF GIFT		DETERMINE BOOK VALUE FAIR MARKET VALUE  RELATIONSHIP SUITE NONE	AMOUNT ————————————————————————————————————
OF GIFT 06/30/18 11,827.  NAME OF DONEE	ADDRESS OF DONEE  16133 VENTURA BLVD.,	DETERMINE BOOK VALUE FAIR MARKET VALUE  RELATIONSHIP SUITE NONE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT	
OPERATION SCHOOL BELL ASSISTANCE LEAGUE	826 COLE AVENUE - LOS ANGELES, CA 90038	NONE	11,340.	
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE		
06/30/18 11,340.	VARIOUS GOODS	FAIR MARKET VALUE		
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT	
SEPULVEDA I AND II NEW DIRECTIONS FOR VE	1611 PLUMMER ST. VA B NORTH HILLS, CA 91343	LDG 4 - NONE	11,307.	
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE		
06/30/18 11,307.	VARIOUS GOODS	FAIR MARKET VALUE		
NAME OF DONE	ADDRESS OF DOMES	DEL MITONGUED	AMOUNT	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT	
COMMON GROUND VENICE FAMILY CLINIC	2401 LINCOLN BLVD : MONICA, CA 90405	SANTA NONE	11,268.	
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE		
06/30/18 11,268.	VARIOUS GOODS	FAIR MARKET VALUE		

NAME OF I	OONEE	ADDRESS OF DONEE	R	ELATIONSHIP	AMOUNT
ST. VINCE CARDINAL CENTER		231 WINSTON STREET - ANGELES, CA 90013	LOS NONE		11,239.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE		
06/30/18	11,239.	VARIOUS GOODS	FAIR MARK	ET VALUE	
WW 07 1	20111	APPRICE OF POWER	_		MONNE
NAME OF I	OONEE 	ADDRESS OF DONEE	R	ELATIONSHIP	AMOUNT
	SES COUNTY OF BOYS &	3939 ATLANTIC AVENUE, 215 - LONG BEACH, CA		ONE	11,039.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		USED TO BOOK VALUE	
06/30/18	11,039.	VARIOUS GOODS	FAIR MARK	ET VALUE	
NAME OF I	DONEE	ADDRESS OF DONEE	R	ELATIONSHIP	AMOUNT
HILLVIEW HEALTH C	-	12450 VAN NUYS BLVD. PACOIMA, CA 91331	#200 - N	ONE	10,452.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		USED TO BOOK VALUE	
06/30/18	10,452.	VARIOUS GOODS	FAIR MARK	ET VALUE	

NAME OF I	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ENHANCED PROGRAM C INSTITUTI		5650 JILLSON STREET COMMERCE, CA 90040	NONE	10,439.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	10,439.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF I	DONEE 	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SUNRISE VEMERGENCY	VILLAGE Y SHELTER	P.O BOX 41786 - LOS A CA 90041	ANGELES, NONE	10,401.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	10,401.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF I	DONEE	ADDRESS OF DOMES	DEL AUTONGLITO	AMOUTNE
NAME OF I	DONEE 	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LA CAN/DV	WAC CANGRESS	530 S. MAIN STREET - ANGELES, CA 90013	LOS NONE	10,298.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	10,298.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOUSE OF MERCY	812 N ALVARADO ST - I ANGELES, CA 90026	OS NONE	9,897.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 9,897.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ACCESS CENTER OPCC	1453 16TH STREET - SA MONICA, CA 90404	NTA NONE	9,558.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 9,558.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
FRIENDS IN DEED ECUMENICAL COUNCIL OF PA	P.O. BOX 41125 - PASA CA 91114	ADENA, NONE	9,515.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 9,515.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CRISIS/BI HOUSING I DIRECTION	NEW	8124 SOUTH WESTERN AV ANGELES, CA 90047	7E - LOS NONE	9,509.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	9,509.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WHITTIER		P.O. BOX 954 - WHITTI 90608		9,349.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	9,349.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
A NEW WA	Y OF LIFE	P. O. BOX 875288 - LO ANGELES, CA 90002	NONE	9,339.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	9,339.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WHITTIER AREA FIRST DAY COALITION	12426 WHITTIER BLVD, FLOOR - WHITTIER, CA	2ND NONE 90602	9,268.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 9,268.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WORKING DREAMS	118 S. BEVERLY DRIVE, 222 - BEVERLY HILLS, 90212		9,250.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	372300
06/30/18 9,250.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LOS ANGELES TEAM MENTORING	714 W. OLYMPIC BLVD., 640 - LOS ANGELES, CA		8,951.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 8,951.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONI	EE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
U.S. VETERAL INITIATIVE	NS	733 S. HINDRY AVENUE INGLEWOOD, CA 90301	- NONE	8,700.
DATE OF BOO		PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	8,700.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONI	EE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOPE THROUGH FOUNDATION	H HOUSING	9421 HAVEN AVENUE - R CUCAMONGA, CA 91730	ANCHO NONE	8,678.
DATE OF BOO	-	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	8,678.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONE	EE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LAS FAMILIAS	S DEL	307 E. 7TH STREET - L ANGELES, CA 90014	OS NONE	8,544.
DATE OF BOO		PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18		VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	NTER ON LOS ANGELES	1220 N. HIGHLAND AVE. ANGELES, CA 90038	- LOS NONE	8,418.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	8,418.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GOOD+ FO	UNDATION	4005 W. JEFFERSON BLV LOS ANGELES, CA 90016		8,181.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	8,181.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	<del></del>	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	CITY ACTION			8,057.
CENTRAL COMMITTE	E	LOS ANGELES, CA 90026	)	0,057.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	0,037.

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ETTIE LEE YOUTH & FAMILY SERVICES	5146 N. MAINE AVENUE BALDWIN PARK, CA 9170		7,676.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 7,676.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ANGEL STEP IN SOUTHERN CALIFORNIA ALCOHO	11500 PARAMOUNT BLVD. DOWNEY, CA 90241	NONE	7,463.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 7,463.	VARIOUS GOODS	FAIR MARKET VALUE	
<del></del>	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	628 S. SAN JULIAN STF F LOS ANGELES, CA 90014		7,458.
DATE OF BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 7,458.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GOSPEL MISSIONS OF AMERICA	P.O. BOX 8473 - ROWLA HEIGHTS, CA 91748	ND NONE	7,291.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 7,291.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
B.R.I.D.G.E.S., INC.	1977 GAREY AVENUE, ST POMONA, CA 91767	PE. 6 - NONE	7,265.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 7,265.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF BONES	ADDDEGG OF DOVER		PMOTINE.
		RELATIONSHIP	AMOUNT
	231 E. THIRD STREET LOS ANGELES, CA 90013		6,850.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 6,850.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HILLSIDES	940 AVENUE 64 - PASAI 91105	DENA, CA NONE	6,500.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 6,500.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
WINGS YWCA SAN GABRIEL VALLEY	943 N. GRAND AVENUE - COVINA, CA 91724	NONE	6,141.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 6,141.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
THE WAY IN THE SALVATION ARMY	5939 HOLLYWOOD BLVD. ANGELES, CA 90028	- LOS NONE	6,096.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 6,096.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SAFE HAVEN OPCC	1453 16TH STRET - SAN MONICA, CA 90404	TA NONE	6,067.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 6,067.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SAFE HAVEN THE PEOPLE CONCERN	1453 16TH STRET - SAN MONICA, CA 90404	TA NONE	5,621.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 5,621.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
NAME OF DONEE HARVEST HOME	ADDRESS OF DONEE  2118 WILSHIRE BLVD, - SANTA MONICA, CA 90		AMOUNT 5,559.
	2118 WILSHIRE BLVD,	PMB 358 NONE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CENTRAL CITY NEIGHBORHOOD PARTNERS	501 S. BIXEL STREET - ANGELES, CA 90017	LOS NONE	5,201.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 5,201.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
OLIVE CREST	17800 WOODRUFF AVENUE BELLFLOWER, CA 90706	- NONE	5,189.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 5,189.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
KEEP YOUTH DOING SOMETHING	7026 SOPHIA AVENUE - NUYS, CA 91406	VAN NONE	5,051.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 5,051.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CHILD & FAMILY CENTER	21545 CENTE POINTE PK SANTA CLARITA, CA 913		4,891.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 4,891.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
OPERATION LOVE MINISTRIES, INC.	7811 SOUTH WESTERN AV LOS ANGELES, CA 90047		4,750.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 4,750.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BURBANK BUNGALOWS NEW DIRECTIONS INC.	1101 W. VERDUGO AVE. BURBANK, CA 91506	- NONE	4,677.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
EMERGENCY HOUSING PROGRAM ASCENCIA	1851 TYBURN STREET - GLENDALE, CA 91204	NONE	4,676.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 4,676.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SAMOSHEL OPCC	1453 16TH STREET - SA MONICA, CA 90404	NTA NONE	4,434.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 4,434.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
EISNER HEALTH	1530 OLIVE STREET - I ANGELES, CA 90015	OS NONE	4,409.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 4,409.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LOS ANGELES TRADE TECHNICAL COLLEGE	400 W. WASHINGTON BLV LOS ANGELES, CA 90015		4,349.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 4,349.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
THE NEW YOU CENTER,	1030 W. FLORENCE AVE. ANGELES, CA 90044	- LOS NONE	3,958.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 3,958.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ELIZABETH HOUSE	760 SANTA BARBARA STR PASADENA, CA 91101	EET - NONE	3,909.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 3,909.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GUY GABA APARTMENT DIRECTION	TS NEW	13553 DESWICK STREET ANGELES, CA 90023	- LOS NONE	3,853.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	3,853.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
TURNING	POINT OPCC	1453 16TH STREET - SA MONICA, CA 90404	NTA NONE	3,734.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	3,734.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONER	DEL MITONGUED	A MOLTAUM
NAME OF		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	IGHT MISSION CALIFORNIA	525 N. BROAD AVENUE - WILMINGTON, CA 90744	NONE	3,732.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	3,732.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
DAYBREAK OPCC	1453 16TH STREET - SA MONICA, CA 90404	NTA NONE	3,625.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 3,625.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SENIOR SERVICES LOS ANGELES LGBT CENTER	1125 N. MCCADDEN PLAC ANGELES, CA 90038	E - LOS NONE	3,536.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 3,536.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
OBA FOUNDATION	1130 S. VERMONT AVE - ANGELES, CA 90006	LOS NONE	3,506.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 3,506.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
	YWOOD WINTER IRST PRESBY		NONE NONE	3,233.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	3,233.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
DOMESTIC CENTER OF CLARIT		PO BOX 220037 - NEWHA 91322	ALL, CA NONE	3,202.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18	3,202.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF 1	DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOPE HAR	DONEE BOR CENTER ATION ARMY	3107 S. GRAND AVENUE		AMOUNT 2,845.
HOPE HAR	BOR CENTER	3107 S. GRAND AVENUE		

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
LOS ANGELES YOUTH NETWORK	7033 W SUNSET - LOS A	NGELES, NONE	2,804.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,804.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MISSION FOR ONENESS SANT NIRANKARI MISSI	13906 SAN ANTONIO DRI NORWALK, CA 90650	VE - NONE	2,699.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,699.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CLARE FOUNDATION	909 PICO BOULEVARD - MONICA, CA 90405	SANTA NONE	2,614.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,614.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
COVENANT HOUSE	1325 N. WESTERN AVENU HOLLYWOOD, CA 90027	JE – NONE	2,566.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,566.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
TRINITY YOUTH SERVICES	P.O. BOX 1210 - COLTO 92324	ON, CA NONE	2,552.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,552.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SOJOURN SERVICES OPCC	1453 16TH STREET - SA MONICA, CA 90404	ANTA NONE	2,547.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,547.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ALEXANDRIA HOUSE	426 S. ALEXANDRIA AVE LOS ANGELES, CA 90020		2,210.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,210.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GROWGOOD INC.	5600 MANSFIELD WAY - CA 90201	BELL, NONE	2,183.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,183.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
YWCA OF THE HARBOR AREA & SOUTH BAY	437 WEST 9TH STREET - PEDRO, CA 90731	- SAN NONE	2,104.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 2,104.	VARIOUS GOODS	FAIR MARKET VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SANCTUARY OF HOPE	4003 ADAMS BLVD LO ANGELES, CA 90018	NONE	1,917.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 1,917.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
			AMOUNT
MY FRIEND'S PLACE	P.O. BOX 3867 - HOLLY CA 90078	WOOD, NONE	1,638.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 1,638.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VETERAN VILLAGE OF GLENDALE NEW DIRECTIO	331 SALEM STREET - GI CA 91203	ENDALE, NONE	1,455.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 1,455.	VARIOUS GOODS		

NAME OF	DONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
SOUTH CO	UNTY PATH	455 EAST ARTESIA BLVD SUITE 200 - LONG BEAC 90805		NONE	1,386.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	_	D USED TO NE BOOK VALUE	
06/30/18	1,386.	VARIOUS GOODS	FAIR MA	RKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
MY FIRST	PLACE FIRST	3530 WILSHIRE BLVD.,			
PLACE FO	R YOUTH	600 - LOS ANGELES, CA	90010		1,348.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		D USED TO NE BOOK VALUE	
06/30/18	1,348.	VARIOUS GOODS	FAIR MA	RKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
DOWNTOWN	DOG RESCUE	10941 GARFIELD PLACE GATE, CA 90280	- SOUTH	NONE	1,281.
	BOOK VALUE		METHO	D USED TO	
DATE OF GIFT	OF GIFT	PROPERTY DESCRIPTION	DETERMI	NE BOOK VALUE	

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BURBANK TEMPORARY AID CENTER	1304 WEST BURBANK BLV BURBANK, CA 91506	TD NONE	1,176.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 1,176.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
DOOR OF HOPE	P.O. BOX 90455 - PASA CA 91109	DENA, NONE	1,006.
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
06/30/18 1,006.	VARIOUS GOODS	FAIR MARKET VALUE	
NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SAN FERNANDO VALLEY RESCUE MISSION	8714 DARBY AVE NORTHRIDGE, CA 91325	NONE	973.
		MEMILOD HOED MO	
DATE OF BOOK VALUE GIFT OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	

NAME OF	DONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
FOSTERIN	G A CHANGE	16161 VENTURA BLVD. #		NONE	777.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		D USED TO NE BOOK VALUE	
06/30/18	777.	VARIOUS GOODS	FAIR MA	RKET VALUE	
NAME OF	DONEE	ADDRESS OF DONEE		RELATIONSHIP	AMOUNT
DHS OPCC		1751 CLOVERFIELD BLVI FLOOR - LOS ANGELES, 90404	•	NONE	685.
	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION		D USED TO NE BOOK VALUE	
06/30/18	685.	VARIOUS GOODS	FAIR MA	RKET VALUE	
		TC	TAL FOR	THIS ACTIVITY	9,410,455.
TOTAL IN	CLUDED ON FC	RM 199, PART II, LINE 9	)		9,410,455.

## Voucher at bottom of page.

## DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531** 

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month following

the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following

the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month

following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

739035 11-29-17

\_ DETACH HERE \_ \_ \_ \_ \_ \_ \_ \_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER \_ \_ \_ \_ \_ \_ \_ \_ DETACH HERE \_ \_ \_ **CAUTION:** You may be required to pay electronically, see instructions.

## TAXABLE YEAR Payment Voucher for Corporations and Exempt

CALIFORNIA FORM

**Organizations e-filed Returns** 2017

3586 (e-file)

000000 95-3976214 17 FORM 3 SHEL 1331017

TYE 06-30-2018 07-01-2017

SHELTER PARTNERSHIP INC

695 520 S GRAND AVE STE

LOS ANGELES 90071 CA

(213) 688-2188

Amount of Payment 10.

022 6181176 FTB 3586 2017

Date Accepted		

TAXABLE YEAR

## California e-file Return Authorization for

FORM

201	17	Exempt	Organizat	tions				•			8453-EO
Exempt Orga	anization name										Identifying number
SHELT	ER PAR	TNERSHIP,	INC.								95-3976214
Part I	Electronic F	Return Informati	on (whole dollars	only)							
1 Tota	al gross receip	ots (Form 199, lin	e 4)								110,622,708. 00
2 Tota	al gross incon	ne (Form 199, line	e 8)								2 10,622,708. <sub>00</sub>
			s (Form 199, line								11 200 701
Part II	Settle Your	Account Electro	onically for Taxal	ole Year 2017							
4	Electronic fu	ınds withdrawal	4a Amount			4b	Wit	hdrawal	date (mr	m/dd/yy	уу)
Part III	Banking Inf	ormation (Have	you verified the ex	xempt organizati	ion's bank	ing inforn	natic	n?)			
<b>5</b> Routi	ing number										
6 Acco	unt number					<b>7</b> Type o	of ac	count:	Ch	ecking	Savings
Part IV	Declaration	of Officer									
I authorize on line 4a.		ganization's accour	t to be settled as de	esignated in Part II.	. If I check	Part II, Bo	x 4, I	authorize	an electr	onic fun	ds withdrawal for the amount listed
California of a balance of organization statements delayed, I	electronic retur due return, I ur on will remain I s be transmitte	n. To the best of m derstand that if the lable for the fee lial d to the FTB by the	y knowledge and be Franchise Tax Boar vility and all applicat	elief, the exempt or ord (FTB) does not role ole interest and per or intermediate serv	ganization' receive full nalties. I au vice provide vider the re	s return is and timely thorize the r. If the pr ason(s) fo	true, payn exer	correct, a nent of the npt organ sing of th	nd comp e exempt ization re	lete. If the organizaturn and	exempt organization's 2017 ne exempt organization is filing ation's fee liability, the exempt accompanying schedules and cation's return or refund is
Sign						HAIR					
Here	Signature of	of officer		Date	Title						
Part V			eturn Originator	•	•						
am only ar accurately provided the 1345, 2017 the exemp I declare the	n intermediate s reflects the da he organization 7 e-file Handbo t organization i hat I have exam	service provider, I to a on the return.) I officer with a copy ok for Authorized e teturn is filed, which ined the above exe	nderstand that I am nave obtained the or of all forms and inf -file Providers. I wil never is later, and I	not responsible for ganization officer's formation that I wil I keep form FTB 84 will make a copy a return and accomp	or reviewings signature Il file with to 453-EO on Evailable to Evanying sch	y the exem on form F ne FTB, and file for <b>fou</b> he FTB up edules and	ipt or TB 84 d I ha ir yea on re d stat	ganizatior 453-EO be ave follow rs from th quest. If I	s's return efore tran ed all oth e due da am also	. I declar smitting er requir te of the the paid	ct to the best of my knowledge. (If I re, however, that form FTB 8453-E0 this return to the FTB; I have ements described in FTB Pub. return or <b>four</b> years from the date preparer, under penalties of perjury, my knowledge and belief, they are
	ERO's- signature				Da	te		Check if also paid preparer	X	Check if self- employe	ERO's PTIN P00441843
Must	Firm's name (or ye	ours GUR	SEY   SCH	NEIDER L	LP						FEIN 95-3309779
	if self-employed) and address	188	CENTURY ANGELES,	PARK EA		UITE	90	0			ZIP code 90067-1735
		/, I declare that I ha	ve examined the ab	ove organization's						tements,	and to the best of my knowledge
,	,	correct, and comple	te. I make this decl	arauon based on al	ii iiiiormati			ive Knowle	Ü		
Paid Prepare	Paid preparer's signature					Date	•		Check if self- employe	ed	Paid preparer's PTIN
Must	Firm's nam	` '									FEIN
Sign	if self-empl and addres										
											ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2017

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 060552	Check if:									
	Change of address									
SHELTER PARTNERSHIP, INC.  Name of Organization	Amended report									
520 S. GRAND AVE., SUITE 695 Address (Number and Street)	Corporate or Organization No1331017									
LOS ANGELES, CA 90071 City or Town, State and ZIP Code	Federal Em	nployer I.D. No. 95-3976214								
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts										
Gross Receipts Fee Gross Annual Revenue	<u>Fee</u>	<u>Fee</u>								
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$1: \$2: \$3	25						
PART A - ACTIVITIES										
For your most recent full accounting period (beginning $\frac{07/01/2017}{\text{Cross annual revenue }}$ ending $\frac{06/30/2018}{10,537,379}$ ) list:										
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C	OF THIS REI	PORT								
Note: If you answer "yes" to any of the questions below, you must attach a se  "yes" response. Please review RRF-1 instructions for information require		e providing an explanation and details fo	or eac	h						
During this reporting period, were there any contracts, loans, leases or other fire.	nancial trans	sactions between the organization	Yes	No						
and any officer, director or trustee thereof either directly or with an entity in wh any financial interest?	ich any sucl	h officer, director or trustee had		X						
2. During this reporting period, were there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's charitable property		х						
3. During this reporting period, did non-program expenditures exceed 50% of ground	ss revenue?			Х						
4. During this reporting period, were any organization funds used to pay any pena with the Internal Revenue Service, attach a copy.	alty, fine or j	udgment? If you filed a Form 4720		х						
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone numb	•	• •		Х						
6. During this reporting period, did the organization receive any governmental fun name of the agency, mailing address, contact person, and telephone number.	nding? If so,	provide an attachment listing the SEE STATEMENT 9	х							
7. During this reporting period, did the organization hold a raffle for charitable pur the number of raffles and the date(s) they occurred.	rposes? If "y	ves," provide an attachment indicating		х						
Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commercial contracts.				х						
Did your organization have prepared an audited financial statement in accordal principles for this reporting period?	nce with gei	nerally accepted accounting	х							
Organization's area code and telephone number 213-688-2188										
Organization's e-mail address										
I declare under penalty of perjury that I have examined this report, including accompanying is true, correct and complete.	documents,	and to the best of my knowledge and belief, th	e conte	ent						
JOHN DEFAZIO	C	HAIR le Date								
Signature of authorized officer Printed Name	lit	Date								

729291 12-27-17 RRF-1 (08/2017)

INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 9 CA RRF-1 PART B, LINE 6

LORRAINE WRIGHT

COMMUNITY DEVELOPMENT COMMISSION OF THE COUNTY OF LOS ANGELES COMMUNITY BLOCK GRANT DIVISION

2 CORAL CIRCLE, MONTEREY PARK, CA 91755 (626) 262-4511

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

## Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number								
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer identification number (EIN)						
print										
File by Abe	SHELTER PARTNERSHIP, INC.			95-3976214						
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 520 S. GRAND AVE., SUITE 69		ions.	Social se	curity number	(SSN)				
return. See instructions.	City, town or post office, state, and ZIP code. For a fo LOS ANGELES, CA 90071	reign addı	ress, see instructions.							
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1				
Application	on	Return	Application			Return				
Is For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	-BL	02	Form 1041-A			08				
Form 472	0 (individual)	03	Form 4720 (other than individual)			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				
● If the o	organization does not have an office or place of business is for a Group Return, enter the organization's four digit Government.	Group Exe and atta	ted States, check this box In the proof of the	this is fo all memb	r the whole gro	on is for.				
for t ▶[ ▶[	1 I request an automatic 6-month extension of time untilMAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ calendar year or ▶ X tax year beginningUL 1, 2017, and endingUN 30, 2018									
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any							
	refundable credits. See instructions.			3a	\$	0.				
non	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and							
non <b>b</b> If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069, mated tax payments made. Include any prior year overpa			3b	\$	0.				
b If th	• •	ayment all	owed as a credit.	3b	\$	0.				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

instructions.

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print SHELTER PARTNERSHIP, INC. 95-3976214 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 520 S. GRAND AVE., SUITE 695 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90071 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7 Application Return **Application** Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 5227 10 Form 990-PF Ω4 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 RUTH SCHWARTZ The books are in the care of ▶ 520 S. GRAND AVENUE, SUITE 695 - LOS ANGELES, CA 90071 Telephone No. ► 213-688-2188 Fax No. lacksquare

- 1	The organization does not have an onice of place of business in the officed states, check this box			🖊 📖			
•	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the	nis is fo	r the whole gro	oup, 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	memb	ers the extens	ion is for.			
1	I request an automatic 6-month extension of time untilMAY 15, 2019, to file the	e the exempt organization return					
	for the organization named above. The extension is for the organization's return for:						
	▶ calendar year or						
	▶ X tax year beginning JUL 1, 2017 , and ending JUN 30, 2018						
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fir	al retur	'n				
	Change in accounting period						
За	If this application is for Forms 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 Forms 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 .			
С	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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning $$	<u>J</u> UN 30, 2	2018							
<b>B</b> c	heck if oplicable:	C Name of organization	D Employer	identific	cation number						
	Address	SHELTER PARTNERSHIP, INC.									
	Name change	Doing business as		95-3	976214						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s									
	Final return/	520 S. GRAND AVE., SUITE 695		213-688-2188							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts	<b>G</b> Gross receipts \$ 10,632,202.							
	Amende return	LOS ANGELES, CA 900/1		H(a) Is this a group return							
	Applica tion	F Name and address of principal officer: OOHN DEFAZIO	for subo	for subordinates? Yes X No  H(b) Are all subordinates included? Yes No							
pending 520 S. GRAND AVE., STE 695, LOS ANGELES, CA H(b) Are all subordinates included? Yes											
			527 If "No," a	attach a	list. (see instructions)						
		e: ► WWW.SHELTERPARTNERSHIP.ORG	H(c) Group ex								
			$\prime$ ear of formation: $1$	985  <u>n</u>	N State of legal domicile: CA						
Pa		Summary									
Ф		Briefly describe the organization's mission or most significant activities: COLLABOR	ATIVELY SO	DLVII	NG						
anc	_	HOMELESSNESS IN LOS ANGELES COUNTY.									
ar ii		Check this box   if the organization discontinued its operations or disposed of m	ore than 25% of its	1 1							
ŏ		Number of voting members of the governing body (Part VI, line 1a)			17						
8		Number of independent voting members of the governing body (Part VI, line 1b)			17						
es		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			13						
ivit		otal number of volunteers (estimate if necessary)			339						
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12			0.						
	b N	Net unrelated business taxable income from Form 990-T, line 34			5,235.						
			Prior Year		Current Year						
<u>e</u>		Contributions and grants (Part VIII, line 1h)	8,455,		10,210,262.						
len!		Program service revenue (Part VIII, line 2g)	200,9		324,410.						
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	Δ,.	305.	2,657. 50.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 657 0	• •							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,657,8 10,242,3		10,537,379. 9,410,464.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,242,	0.	0.						
		Renefits paid to or for members (Part IX, column (A), line 4)	1,000,3		1,062,124.						
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,000,.	0.	0.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  252,017.		٠.	0.						
Ä			690,2	257	832,864.						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,932,8		11,305,452.						
		Revenue less expenses. Subtract line 18 from line 12	-3,274,9	969.							
- S	13 1	levertue less expenses. Subtract line 10 nont line 12	Beginning of Curre		End of Year						
ets c	<b>20</b> T	otal assets (Part X, line 16)	22,354,6		21,656,011.						
Asse Bal		otal assets (Part X, line 16)  otal liabilities (Part X, line 26)	100,		163,577.						
Net Assets or   Fund Balances		Net assets or fund balances. Subtract line 21 from line 20	22,254,3		21,492,434.						
	rt II	Signature Block									
Unde	r penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the b	est of my	knowledge and belief, it is						
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which prep		-	•						
				-							
Sigr	,	Signature of officer	Date								
Here		JOHN DEFAZIO, CHAIR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN						
Paid	1	NAZ AFSHAR		self-employ							
Prep		Firm's name ▶ GURSEY   SCHNEIDER LLP	Firm's	EIN▶	95-3309779						
Use	Only	Firm's address 1888 CENTURY PARK EAST, SUITE 900									
		LOS ANGELES, CA 90067-1735	Phone	no.31	0-552-0960						
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No						

10,926,026.

Total program service expenses ▶

## Form 990 (2017) SHELTER PARTNERSHIP, INC. 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		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? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	in rea, complete conceans 2,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	in 100, complete conducto 2,1 art x	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	• •			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^`</del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		_ <u>-</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<b>.</b> _		<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <u></u>		<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
-	complete Schedule G. Part III	19		x
		-	200	-

# Form 990 (2017) SHELTER PARTNERSHIP, INC. 95-3976214 Page 4 Part IV Checklist of Required Schedules (continued) Yes No.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
J1		31		х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	"		
	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

## Form 990 (2017) SHELTER PARTNERSHIP, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				$\perp \perp$
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	able gaming			
	(gambling) winnings to prize winners?		1c	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
			3a	_X_	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				37
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater than \$100,000, and did the organization have greater than \$100,000, and				7.7
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	· ·			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	provided to the payor?	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-		7b	Λ	
С	to file Form 8282?	•	7c		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by t				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	)			
11	Section 501(c)(12) organizations. Enter:	ı			
а	Gross income from members or shareholders	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>)</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
<b>L</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
Ŋ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	,			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  138				
	Did the experientian receive any neuments for indept tenning continue during the tay year?	<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
~	The state of the second			000	

Page 6 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 or note to any line in this Part VI					X							
Sec	tion 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	1a	17										
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	y other										
	officer, director, trustee, or key employee?			2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the												
	of officers, directors, or trustees, or key employees to a management company or other person?			3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х							
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap												
	more members of the governing body?												
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
-	persons other than the governing body?												
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		X							
а	The governing body?	•	ŭ	8a	Х								
b	Each committee with authority to act on behalf of the governing body?			8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea												
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wenue C	rade )		Į.								
	(This occurred requests information about policies not required by the information	venue e	ouc.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		X							
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100									
-				10b									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	9	11a	Х								
12a				12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			1_2									
·	in Schedule O how this was done	,		12c	Х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approva												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by max	pendent										
а	The organization's CEO, Executive Director, or top management official			15a	Х								
	Other officers or key employees of the organization			15b	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 arranger	nent wit	าล										
100				16a		х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			100									
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure			100		<u> </u>							
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	(Section	1 501(c)(3)s only) a	/ailahl									
.0	for public inspection. Indicate how you made these available. Check all that apply.	,0000101	. 33 r (5)(5)3 orny) at	anabit	-								
	X Own website Another's website X Upon request X Other (explain	in C-4	odulo O\										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coi			finano	ial								
19	statements available to the public during the tax year.	illot Of I	ntorost policy, and	mano	iai								
20	State the name, address, and telephone number of the person who possesses the organization's boo	nke and	records:										
20	RUTH SCHWARTZ - 213-688-2188	no aliu											
	520 S. GRAND AVENUE, SUITE 695, LOS ANGELES, CA 90	0071											

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

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

#### 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	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_			l	1711 43		from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidual	tutior	Je.	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ALAN ADLER	3.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(2) BRIAN CULLINAN	3.00	J								_
DIRECTOR		Х						0.	0.	0.
(3) DANIEL MOREFIELD	3.00	ļ								
DIRECTOR	F 00	Х						0.	0.	0.
(4) JOHN DEFAZIO	5.00	٠,,							0	0
CHAIR	2 00	Х		Х				0.	0.	0.
(5) KEITH SHARP, ESQ.	3.00	.,							0	0
DIRECTOR (6) LOUISE OLIVER	3.00	Х						0.	0.	0.
SECRETARY	3.00	х		х				0.	0.	0.
(7) PETER BARKER	3.00	Α		Δ				· ·	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(8) THOMAS LANE	3.00							0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(9) WILLIAM WITTE	3.00	† <del></del>								
DIRECTOR		x						0.	0.	0.
(10) RONALD M. GRIFFITH	3.00								-	-
DIRECTOR		Х						0.	0.	0.
(11) KEVIN SULLIVAN	3.00									
TREASURER		Х		Х				0.	0.	0.
(12) JEFFREY KEAN	3.00									
DIRECTOR		Х						0.	0.	0.
(13) ERICH KLEIN	3.00									
DIRECTOR		Х						0.	0.	0.
(14) LANCE SIMON	3.00	1								
DIRECTOR		Х						0.	0.	0.
(15) RODNEY SWAN	3.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(16) ANDREA GIBSON	3.00	1								_
DIRECTOR	1 2 22	Х						0.	0.	0.
(17) GAIL Q. GIBSON	3.00	٠,,							_	_
DIRECTOR		X					<u> </u>	0.	0.	0.

732007 11-28-17 Form **990** (2017)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	High	ghes	st C	compensated Employee	s (continued)			
(A)	(B)				C)	_		(D)	(E)		(F)	
Name and title	Average		Position do not check more than one					Reportable	Reportable	- 1	Estimate	
	hours per week					is botl or/trus		compensation from	compensation from related	6	amount other	
	(list any	ctor	ctor					the	organizations	СО	mpensa	
	hours for	or dire	au au			ted		organization	(W-2/1099-MISC)		from th	ie
	related organizations	istee (	truste		9	bensa		(W-2/1099-MISC)			rganizat	
	below	Individual trustee or director	Institutional trustee	١.	ploye	st com	_			- 1	nd relat ganizati	
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former				garnzari	0110
(18) TERRI KAPLAN	3.00											
DIRECTOR		Х						0.	0	•		0.
(19) RUTH SCHWARTZ	40.00	_		l				110 000				•
EXECUTIVE DIRECTOR				Х		-	_	110,920.	0	•		0.
		-										
						<u> </u>				+		
		1										
_										$\top$		
										$\bot$		
		-										
						-	-			+		
		1										
										+		
		1										
1b Sub-total							▶	110,920.	0			0.
c Total from continuation sheets to Part VI							<b>\</b>	0.		•		0.
d Total (add lines 1b and 1c)							<b></b>	110,920.	0	•		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization											Tv	1
O Did the consciention list and former of officer	al:a.a.a a							h:-ht			Yes	No
3 Did the organization list any <b>former</b> officer,										3		Х
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su										3		
and related organizations greater than \$150	•							•	•	4		х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J f	or si	ıch <u>ı</u>	pers	son				. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co										sation 1	rom	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithir		ear.		<u></u>	
<b>(A)</b> Name and business	address	NO	NI	3				( <b>B)</b> Description of s	services		(C) ensatio	n
_												
2 Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received me	ore than			
\$100,000 of compensation from the organization						0		· 				
·									·		<u> </u>	(OO17)

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
		Fundraising events		338,372.				
ffs, r A		Related organizations		•				
ig ig		Government grants (contributi		260,000.				
Sir		All other contributions, gifts, grant		, -				
et j	•	similar amounts not included abov	· I I	9,611,890.				
S	~	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	8,955,198.				
Š	_	Total. Add lines 1a-1f			10,210,262.			
<u> </u>		Total. Add lines 12 11		Business Code				
	2 a	CONSULTING SERVICES		541610	324,410.	324,410.		
ίς	2 a b				,	,		
ser iue								
Z S	c d							
gra Re	u							
Program Service Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f			324,410.			
	3	Investment income (including			, -			
	_	other similar amounts)			2,559.			2,559.
	4	Income from investment of tax			,			,
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a	Gross rents	(7) 1154.	()				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	9,592.	· · ·				
	b	Less: cost or other basis	·					
		and sales expenses	9,494.					
	С	Gain or (loss)	98.					
		Net gain or (loss)			98.			98.
e		Gross income from fundraising	g events (not	,				
Other Revenu		including \$ 338,						
Re		contributions reported on line	•	85,329.				
Ē		Part IV, line 18						
₹		Less: direct expenses			0.			
		Net income or (loss) from fund Gross income from gaming ac	-	<b>&gt;</b>	J.			
	Эа	• •						
	h	Part IV, line 19						
		Less: direct expenses  Net income or (loss) from gam		`				
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	SURVEY INCOME		611710	50.			50.
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d			50.			
	12	Total revenue. See instructions.			10,537,379.	324,410.	0.	2,707.

## Form 990 (2017) SHELTER PARTNERSHIP, INC. Part IX Statement of Functional Expenses

<u>Secti</u>	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX						
	·	(A)		(C)	(D)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	9,410,464.	9,410,464.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	111,459.	81,547.	11,682.	18,230.		
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	750,508.	549,100.	53,208.	148,200.		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits	111,348.		10,173.	14,449. 14,548.		
10	Payroll taxes	88,809.	68,634.	5,627.	14,548.		
11	Fees for services (non-employees):						
а	Management						
b	Legal						
С	Accounting	24,071.	18,904.	1,857.	3,310.		
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)	29,524.	17,417.	9,564.	2,543.		
12	Advertising and promotion						
13	Office expenses	32,941.	25,325.	3,008.	4,608.		
14	Information technology						
15	Royalties						
16	Occupancy	125,823.		13,573.	23,188.		
17	Travel	17,377.	13,032.	1,738.	2,607.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates	000 000	204 124				
22	Depreciation, depletion, and amortization	307,267.		2,499.	3,632.		
23	Insurance	36,751.	32,486.	1,574.	2,691.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule O.)	E 4 000	E 4 000				
а	REPAIRS AND MAINTENANCE	74,983.					
b	INVENTORY OBSOLESCENCE	60,990.	60,990.				
С	WAREHOUSING	24,566.	24,566.	1 743	0 504		
d	TELEPHONE	21,158.	16,881.	1,743.	2,534.		
	All other expenses	77,413.	54,773.	11,163.	11,477.		
25	Total functional expenses. Add lines 1 through 24e	11,305,452.	10,926,026.	127,409.	252,017.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (004=)		

Form 990 (2017)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			501,835.	1	468,319.
	2	Savings and temporary cash investments			250,000.	2	250,000.
	3	Pledges and grants receivable, net			97,775.	3	146,597.
	4	Accounts receivable, net	73,627.	4	158,914.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
ফ		section 4958(f)(1)), persons described in section	4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			15,252,820.	8	14,727,071.
	9	B			7,300.	9	14,727,071. 13,929.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,254,528.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	3,363,347.	6,171,335.	10c	5,891,181.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal	22,354,692.	16	21,656,011.		
	17	Accounts payable and accrued expenses			100,528.	17	163,577.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
litie		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			100,528.	26	163,577.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			2 225 545		0 050 040
ııc	27	Unrestricted net assets			2,995,717.		2,959,213.
3ala	28	Temporarily restricted net assets			19,258,447.	28	18,533,221.
Jd E	29					29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958	s), check here 🕨 📖			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
et/	32	Retained earnings, endowment, accumulated in			00 05: 15:	32	04 460 404
Z	33	Total net assets or fund balances			22,254,164.	33	21,492,434.
	34	Total liabilities and net assets/fund balances			22,354,692.	34	21,656,011.

						_
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	,53	7,3	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	, 30!	5,4	52.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-768	3,0	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	, 254	1,1	64.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(	5,3	43.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	21	, 492	2,4	34.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t [			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SHELTER PARTNERSHIP, INC.

Employer identification number 95-3976214

Pa	art I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found						
1	$\sqcap$	A church, convention of ch	•	•	•	•	I)(A)(i).	
2	Ħ	A school described in <b>sect</b>					· / · · / · ·	
3	Ħ	A hospital or a cooperative		•			ii\	
4	H	A medical research organiz					•	the hospital's name
4			ation operated in cor	ijunction with a nospital	described	i iii Sectio	ii iro(b)( i)(A)(iii). Litter	the nospital s hame,
_		city, and state:	or the benefit of a col	llaga ar university avena	l ar anarat	ad by a ga	warmantal unit dagarib	ad in
5		An organization operated for		nege or university owned	or operati	ed by a go	vernmental unit describe	eu in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local government	-					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general <sub>l</sub>	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the r	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section !	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	-					
a		Type I. A supporting orga	* *			-		aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_		
		organization. You must o			,, -			9
k		Type II. A supporting org	-		ion with its	s supporte	ed organization(s) by hav	vina
•		control or management o	•					-
		organization(s). You mus			arric persor	ns that co	ntiol of manage the supp	Jorted
		Type III functionally inte			in connect	tion with	and functionally integrate	ad with
•	, L	its supported organization	-				• •	with,
		¬ ''		·				ration(a)
C		☐ Type III non-functionally	= ::				• • • • • •	
		that is not functionally int	-		•			veness
		requirement (see instructi	•	-				
e	•	☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	• .	nally integrated supporti	ng organiz	ation.		
1		er the number of supported o						
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	'	organization	(11) 2.114	(described on lines 1-10		ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
	al							
							Ī.	i

## Schedule A (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. 95-3976 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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
1	membership fees received. (Do not						
i	nclude any "unusual grants.")	18341973.	11700193.	9583049.	8456880.	10290745.	58372840.
2	Tax revenues levied for the organ-						
į	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
1	furnished by a governmental unit to						
1	the organization without charge						
4	Total. Add lines 1 through 3	18341973.	11700193.	9583049.	8456880.	10290745.	58372840.
5	The portion of total contributions						
1	by each person (other than a						
9	governmental unit or publicly						
;	supported organization) included						
•	on line 1 that exceeds 2% of the						
;	amount shown on line 11,						
•	column (f)						10423045.
	Public support. Subtract line 5 from line 4.						47949795.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	18341973.	11700193.	9583049.	8456880.	10290745.	58372840.
8	Gross income from interest,						
•	dividends, payments received on						
;	securities loans, rents, royalties,						
	and income from similar sources	1,790.	1,455.	1,486.	1,594.	2,707.	9,032.
	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			400			
	assets (Explain in Part VI.)	27,627.		132.			27,759.
	Total support. Add lines 7 through 10						58409631.
	Gross receipts from related activities,	•	,			12	
	First five years. If the Form 990 is for						
Sec	organization, check this box and <b>sto</b> tion C. Computation of Publi	p here Per	centage				<b>P</b>
				olumn (f)		14	82.09 %
	Public support percentage for 2017 (I					15	25.51
	Public support percentage from 2016 33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
	33 1/3% support test - 2016. If the					or more check th	
	and <b>stop here.</b> The organization qual						. $\Box$
	10% -facts-and-circumstances test					and line 14 is 10%	
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				•	-	
	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				<b>.</b>
				•	, check this box a		······································

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

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

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 organ- ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						<b>.</b>
	ction C. Computation of Publi					T 1	
	Public support percentage for 2017 (li			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2017. If the						/ is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec	ck this box and st	<b>top here.</b> The orga	inization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶□

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	- 50		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	40-		
	10a		
	10b		
a	90 or 99	0-F7	2017

Par	Part IV   Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the follow	owing persons?		
а	a A person who directly or indirectly controls, either alone or together with	n persons described in (b) and (c)		
	below, the governing body of a supported organization?	<u>11a</u>		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Ye	s" to a, b, or c, provide detail in Part VI. 11c		
Sect	Section B. Type I Supporting Organizations		1	Ι
	4 6:11		Yes	No
	regularly appoint or elect at least a majority of the organization's director	9		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	controlled the organization's activities. If the organization had more than			
	describe how the powers to appoint and/or remove directors or trustees			
	organizations and what conditions or restrictions, if any, applied to such  Did the organization operate for the benefit of any supported organization	pewere daring the tax year.		
	organization(s) that operated, supervised, or controlled the supporting of			
	Part VI how providing such benefit carried out the purposes of the supp	· ·		
	supervised, or controlled the supporting organization.	2		
	Section C. Type II Supporting Organizations	·		
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax	year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If	No," describe in Part VI how control		
	or management of the supporting organization was vested in the same p	ersons that controlled or managed		
	the supported organization(s).	1		
Sect	Section D. All Type III Supporting Organizations		_	
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by t	the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amou			
	year, (ii) a copy of the Form 990 that was most recently filed as of the da			
	organization's governing documents in effect on the date of notification			
	organization(s) or (ii) serving on the governing body of a supported orga	· ·		
	the organization maintained a close and continuous working relationship			
	3 By reason of the relationship described in (2), did the organization's sup significant voice in the organization's investment policies and in directin			
	income or assets at all times during the tax year? If "Yes," describe in F			
	supported organizations played in this regard.	are vi the role the organization's		
Sect	Section E. Type III Functionally Integrated Supporting Orga	ınizations		
а				
b				
С	c The organization supported a governmental entity. Describe in Pa	art <b>VI</b> how you supported a government entity (see instruction	ns) <u>.                                    </u>	
2			Yes	No
а	a Did substantially all of the organization's activities during the tax year di	rectly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive	? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities direc	tly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, a	and how the organization determined		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
	,			
	of the organization's supported organization(s) would have been engage	· '		
	reasons for the organization's position that its supported organization(s)			
	activities but for the organization's involvement.	<u>2b</u>		
		vity of the officers divestors or		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part</b>			
	b Did the organization exercise a substantial degree of direction over the of its supported organizations? If "Yes." describe in Part VI the role pla			
	5. 1.5 55pported organizations. II 165. Describe III I die 11 [He Tole Dia	Ved by the Ordanization in this redaid.		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting oras	nization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2017

Sche <b>Par</b>	dule A (Form 990 or 990-EZ) 2017 SHELTER PARTN			5-3976214 Page 7		
Secti	on D - Distributions	. , , , , , , , , , , , , , , , , , , ,	(oonanada)	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets					
_5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
_7_	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	Г	Т			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
_1_	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reason-					
	able cause required- explain in Part VI). See instructions.					
_3_	Excess distributions carryover, if any, to 2017					
<u>a</u>						
b	From 2013					
c	From 2014					
d	From 2015					
e	From 2016					
f_	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount					
<u>i</u>	Carryover from 2012 not applied (see instructions)					
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D, line 7:					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 SHELTER			95-3976214 Page 8
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4d line 1; Part IV, Section D, lines 2 and 3; Pasection D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 1, 2, 3b, 3c, 4b, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d	de the explanations require c, 5a, 6, 9a, 9b, 9c, 11a, 1 urt IV, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 17 1b, and 11c; Part IV, Section B, line 2a, 2b, 3a, and 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

S	SHELTER PARTNERSHIP, INC.	95-3976214			
Organization type (check	cone):				
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.			
For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota ny one contributor. Complete Parts I and II. See instructions for determining a contribu				
Special Rules					
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 ator, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the are EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from			
year, total contril	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or efformelty to children or animals. Complete Parts I, II, and III.				
year, contribution is checked, enter purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religions complete any of the parts unless the <b>General Rule</b> applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box lious, charitable, etc., e it received <i>nonexclusively</i>			
but it <b>must</b> answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,			

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

## SHELTER PARTNERSHIP, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,858,895.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,252,547</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 349,333.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$213,232.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$501,141.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

## SHELTER PARTNERSHIP, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 681,555.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 363,593.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## SHELTER PARTNERSHIP, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
1	CLOTHING, SHOES, SOCKS, HOUSEHOLD ITEMS, FURNITURE, PERSONAL CARE ITEMS							
		\$ 2,858,895.	11/01/17					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
2	BABY, TODDLER AND CHILDREN'S ITEMS AND CLOTHING, HOUSEHOLD GOODS, PERSONAL CARE ITEMS	-						
		\$ <u>1,252,547.</u>	05/31/18					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
3	CLOTHING, SHOES, PURSES	-						
		\$\$ <u>731,657.</u>	07/14/17					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
4	PERSONAL CARE ITEMS	-						
		\$ 349,333.	12/14/17					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
5	CHILDREN'S CLOTHING, TOYS							
		\$ 213,232.	06/28/18					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
6	SWEATSHIRTS, SWEATPANTS, UNDERWEAR, SOCKS	-						
		\$\$01,141.	09/11/17					

### SHELTER PARTNERSHIP, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SOCKS		
7			
		\$\$	08/22/17
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(ccc mea detienel)	
8	CLOTHING, SHOES		
		<del></del>	
		\$681,555.	05/17/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
· urti	BLANKETS		
9			
		\$ 363,593.	12/13/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(2)			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
3/53 11-01		\$	90 990-F7 or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number SHELTER PARTNERSHIP, INC.

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	) (see separate instructions), then	iona, Camplata Dart III			
	Section 501(c)(4), (5), or (6) organizat	lons. Complete Part III.		Emp	loyer identification number
	•	PARTNERSHIP, INC	_		95-3976214
Pa	art I-A   Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •		S
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)	).	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	<b>▶</b> \$	S
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955	<b>▶</b> \$	S
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				.1/0)
	Enter the amount directly expended	anization is exempt under			
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and en made payments. For each organization received that were propolitical action committee (PAC). If	. Add lines 1 and 2. Enter here and	of all section 527 politrom the filing organiza separate political organ	ical organizations to which tion's funds. Also enter the ization, such as a separate	Yes No n the filing organization e amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

Schedule C (F	Form 990 or 990-EZ) 2017	SHELT	ER PAR	TNERSHIP. I	NC.	95-3	3976214	Page 2
Part II-A	Complete if the org	janizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection und	ler
A Check	expenses, and share	re of exces	s lobbying e	expenditures).	Part IV each affiliated	group member's nam	e, address, E	EIN,
B Check ▶	if the filing organiza	ation check	ed box A ar	nd "limited control" pro	visions apply.	(a) Filing	(b) Affiliate	ad avarra
			oying Exper eans amou	nditures ints paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliate tota	• .
1a Total lo	bbying expenditures to influ	uence publ	ic opinion (g	grass roots lobbying)				
	bbying expenditures to influ							
c Total lo	bbying expenditures (add li	ines 1a and	l 1b)					
	xempt purpose expenditure							
e Total ex	kempt purpose expenditure	es (add lines	s 1c and 1d	)				
<b>f</b> Lobbyir	ng nontaxable amount. Ente	er the amo	unt from the	e following table in bot	n columns.			
If the an	nount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:			
Not ove	er \$500,000		20% of 1	the amount on line 1e.				
	500,000 but not over \$1,000			00 plus 15% of the exc	·			
	1,000,000 but not over \$1,5			00 plus 10% of the exc				
	1,500,000 but not over \$17,	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.			
Over \$1	7,000,000		\$1,000,0	000.				
<b>q</b> Grassro	oots nontaxable amount (en	nter 25% of	line 1f)					
	ct line 1g from line 1a. If zer							
	ct line 1f from line 1c. If zero							
	is an amount other than ze						•	
reportin	ng section 4911 tax for this	year?					Yes	☐ No
				eraging Period Under				
	(Some organizations t			01(h) election do not la	•	of the five columns b	elow.	
		Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		_	
	Calendar year al year beginning in)	(a) 2	2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) T	otal
2a Lobbyir	ng nontaxable amount							
•	ng ceiling amount of line 2a, column(e))							
<b>c</b> Total lo	bbying expenditures							
<b>d</b> Grassro	oots nontaxable amount							
	oots ceiling amount							
	of line 2d, column (e))							

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. 95-3976214 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X		(*)	3,000.
j Total. Add lines 1c through 1i			(*)	3,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	o), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
i vicio dabbiantiany an (0070 or more) dace received nondedabible by mornibers:		1		
• • • • • • • • • • • • • • • • • • • •				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying and political campaign activity expenditures from the carry over lobbying expenditures from the carry over lobbyi</li></ul>	he prior year	2	tion	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set he organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART II-B, LINE 1, LOBBYING ACTIVITIES:  THE ORGANIZATION WROTE LETTERS, E-MAILS, MADE PHONE Cambridge in the cambridge of the cambri	he prior year' on 501(c)(s "No," OR ical cess political clist); Part II-	2 3 3 5), or sec (b) Part 1 2a 2b 2c 3 4 5	nd 2 (see	
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SHELTER PARTNERSHIP, INC. **Employer identification number** 95-3976214

Part	t I Organizations Maintaining	g Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on F	Form 990, Part IV, line		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during			
	Aggregate value of grants from (during ye			
	Aggregate value at end of year			
	Did the organization inform all donors and		_	
	are the organization's property, subject to			
	Did the organization inform all grantees,			
	for charitable purposes and not for the be			
Part	impermissible private benefit?t II Conservation Fasements		nization answered "Yes" on Form 990	
				o, Fait IV, line 7.
1	Purpose(s) of conservation easements he Preservation of land for public use	, ,	`	istorically important land area
	Protection of natural habitat	(e.g., recreation or eut	· —	ertified historic structure
	Preservation of open space		Freservation of a co	ertified historic structure
2	Complete lines 2a through 2d if the organ	nization held a qualifie	d conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.	mzation neid a qualifie	d conservation contribution in the for	Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation			اما
	Number of conservation easements on a			
	Number of conservation easements inclu			
	listed in the National Register	` ' '	,	
	Number of conservation easements mod			
	year <b>&gt;</b>	,	, , ,	c c
4	Number of states where property subject	to conservation easer	ment is located >	
5	Does the organization have a written poli	cy regarding the perio	dic monitoring, inspection, handling o	 If
,	violations, and enforcement of the conse	rvation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to more	nitoring, inspecting, ha	andling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitori	ng, inspecting, handlir	ng of violations, and enforcing conserv	vation easements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement report	ted on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization	n reports conservation	easements in its revenue and expens	se statement, and balance sheet, and
i	include, if applicable, the text of the footi	note to the organizatio	n's financial statements that describe	s the organization's accounting for
_	conservation easements.	<u> </u>		
Part			Art, Historical Treasures, or C	otner Similar Assets.
	Complete if the organization answ			
	If the organization elected, as permitted u	•	•	·
		· ·		rance of public service, provide, in Part XIII,
	the text of the footnote to its financial sta			
	, .	•	•	nt and balance sheet works of art, historical
		public exhibition, edu	cation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part			
	(ii) Assets included in Form 990, Part X			<u>'</u>
	If the organization received or held works			cial gain, provide
	the following amounts required to be rep			<b>&gt;</b> 0
	Revenue included on Form 990, Part VIII,			
ם מ	Assets included in Form 990, Part X			<b>&gt;</b> \$

_					easures, o				ICOITUI	<u>iueu)</u>	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t are a sig	nificant u	se of its	collection	items	3
	(check all that apply):										
а	Public exhibition	c	i 🔲 I	Loan or exc	change progra	ams					
b	Scholarly research	e	, 🔲	Other							
С	c Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	r receive donations of	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes		No
Pa	rt IV Escrow and Custodial Arrang								line 9, or	,	
	reported an amount on Form 990, Par			_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?							[	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е											
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						ty?	<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					
Pa	rt V Endowment Funds. Complete it	f the organization an	swered '	"Yes" on Fo	orm 990, Part	: IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a	i)) held as:	•			•		
а			%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment	<del></del> %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses		ation that	are held a	nd administe	red for the	e organiza	ation			
	by:	-								Yes	No
	(i) unrelated organizations								3a(i)		
	(22) and a final annual in a final and								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	ed	( <b>d</b> ) Boo	k valu	ie
1a	Land										
	Buildings			8,84	2,266.	2,9	99,71	L5.	5,84	2,5	51.
	Leasehold improvements										
d				41	2,262.	3	63,63	32.	4	8,6	30.
е	Other										
Tota	<b>il.</b> Add lines 1a through 1e. <i>(Column (d) must e</i> e	gual Form 990, Part	X. colum	n (B), line 1	Oc.)			ightharpoons	5,89	1,1	81.

Schedule D (Form 990) 2017

Complete if the organization answered Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name or security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely-held equity interests (g)	Schedule D (Form 990) 2017 SHELTER PAR Part VII Investments - Other Securities.	THURDHIE,	TT4C •	90-03	976214 Page
(a) Description of security or category (rectuding rame of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Closely-held equity interests (e) Closely-held equity interests (f) Closely-held equity interests (g) Closely-held equity interests		on Form 990 Part IV	line 11h See Form 990	Part X line 12	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (4) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					ear market value
(2) Closely-held equity interests (3) Other (4) (6) (7) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		()	(-,		
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(B) (C) (C) (E) (F) (G) (G) (H) (F) (G) (H) (H) (F) (G) (H) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(D) (E) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	• •				
(E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.)  Part IX Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25.  (a) Description of liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line 25.	(C)				
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XI Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X col. (B) line 15.)  (a) Description (b) Book value (1) (c) Google if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(D)				
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year value (e) Method of valuation: Cost or end-of-year value (e) Method of valuation: Cost or end-of-year value	(E)				
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (h) Book value	(F)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.	(G)				
Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, line 15.  (b) Book value (1)  (c) Method of valuation: Cost or end-of-year market value (c) Method of					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (h) Book value					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (7) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	<u> </u>	(b) Book value	(c) Method of V	valuation: Cost or end-or-ye	ear market value
(3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description (b) Book value					
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.					
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.	• •				
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
[9]  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value		•	•		
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(a)	Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(1)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(2)				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(3)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	(4)				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
(9)  Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value	Total. (Column (b) must equal Form 990. Part X, col. (B) line  Part X Other Liabilities	e <u>15.)                                    </u>		<b>&gt;</b>	
1. (a) Description of liability (b) Book value		on Form OOO Dod N	line 11e er 11f Cee Farm	000 Dort V line 05	
<del></del>	(-) December 1	on Form 990, Part IV	•	11 990, Fait A, IIIIe 23.	
			(a) Book value	-	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI	Recond	ciliation	of Revenue	per Au	idited I	Financial	<b>Statements</b>	With	Revenue	per Return	n.

. u	neconciliation of nevertide per Addited I mancial State					
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,617,	862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	67,797.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	12,686.			
е	Add lines 2a through 2d			2e		<u>483.</u>
3	Subtract line 2e from line 1			3	10,537,	<u>379.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u> </u>
_	- · ·					272
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,537,	3/9.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With		5 Retur		3/9.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F	5 Retur	n.	
5 <b>Pa</b> :	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With 12a.	Expenses per F	5 Retur		
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F		n.	
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With 12a.	Expenses per F		n.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. <b>2a</b>	Expenses per F		n.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	67,797.		n.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F		n.	592.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	67,797. 6,343.		n. 11,379, 74,	592.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	67,797. 6,343.	1	n.	592.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	67,797. 6,343.	1 2e	n. 11,379, 74,	592.
1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	67,797. 6,343.	1 2e	n. 11,379, 74,	592.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	67,797. 6,343.	1 2e	n. 11,379, 74,	592. 140. 452.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	67,797.	1 2e	n. 11,379, 74,	592. 140. 452.

## Part XIII Supplemental Information.

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

### PART X, LINE 2:

SHELTER PARTNERSHIP, INC. IS A TAX-EXEMPT CORPORATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE

AND TAXATION CODE OF THE STATE OF CALIFORNIA. SHELTER PARTNERSHIP, INC.

DOES NOT HAVE ANY REVENUE WHICH IT BELIEVES WOULD SUBJECT IT TO UNRELATED

BUSINESS INCOME TAXES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND

HAS CONCLUDED THAT AS OF JUNE 30, 2018, THERE WERE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN. ACCORDINGLY, NO INTEREST OR

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS WERE ACCRUED IN THE FINANCIAL

STATEMENTS. AT JUNE 30, 2018, THE OPEN TAX YEARS FOR SHELTER PARTNERSHIP,

INC. WERE 2013 TO 2017.

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization **Employer identification number** 

SHELTER	PARTNERSHIP, INC.				95-3976	214
Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" on	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Poly of the solicitation in the</li></ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-go governising e ing off onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			<b>&gt;</b>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration 

95-3976214 Page 2 Schedule G (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL (add col. (a) through 10K RUN DINNER col. (c)) (event type) (event type) (total number) 409,477. 9,261. 4,963. 423,701. 1 Gross receipts 9,261. 4,963. 324,148. 338,372. 2 Less: Contributions 85,329. 85,329. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 48,376. 48,376. 7 Food and beverages 8 Entertainment 36,953. 36,953. 9 Other direct expenses ..... 85,329. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d)

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

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**9** Enter the state(s) in which the organization conducts gaming activities:

Schedule G	Form 9	aan or	990-F71	2017
Scriedule G	(FUIIII 8	990 01	99U-LZ)	2017

**b** If "No," explain: \_

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 SHELTER PARTNERSHIP, INC. 95-3	9/0	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	i		
а	The organization's facility	13a		%
b	An outside facility	13b		%
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	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	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:			
	ı Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	☐ No
	retain the state gaming license?	ш	162	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \( \bigs\) \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	0 (	N- 40	. 456
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ies 9, 9	96, 10	o, 15b,

Schedule G	i (Form 990 or 990-EZ)	SHELTER	PARTNERSHIP,	INC.	95-3976214	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation <sub>(contin</sub>	ued)			

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

LONG BEACH U.S. VETERANS

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) UNION RESCUE MISSION TO ASSIST THE ENTITY WITH FAIR MARKET 545 S. SAN PEDRO STREET RESOURCES TO SUPPORT THE 95-1709293 501(C)(3) 0 277,456. VALUE VARTOUS GOODS HOMELESS LOS ANGELES, CA 90013

INITIATIVE - 2001 RIVER AVENUE -FAIR MARKET RESOURCES TO SUPPORT THE 95-4382752 501(C)(3) 255 843. VALUE HOMELESS LONG BEACH, CA 90810 0 VARIOUS GOODS FOSTER CARE COUNTS TO ASSIST THE ENTITY WITH 11111 SANTA MONCIA BLVD. SUITE 165 FAIR MARKET RESOURCES TO SUPPORT THE LOS ANGELES, CA 90025 45-4619493 501(C)(3) 0 253,928. VALUE VARTOUS GOODS HOMELESS. HOPE OF THE VALLEY RESCUE MISSION TO ASSIST THE ENTITY WITH 11134 SEPULVEDA BLVD FATR MARKET RESOURCES TO SUPPORT THE 27-2053273 501(C)(3) 207,251. VALUE MISSION HILLS CA 91345 0 VARTOUS GOODS HOMELESS. HOMELESS HEALTH CARE LOS ANGELES TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE 2330 BEVERLY BLVD. FATE MARKET 95-4074970 501(C)(3) 157 219 VALUE HOMELESS. LOS ANGELES, CA 90057 0. VARTOUS GOODS

0.

FATR MARKET

VARIOUS GOODS

156 637. VALUE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

95-4336420 501(C)(3)

≥ 254. ≥ 254.

TO ASSIST THE ENTITY WITH

RESOURCES TO SUPPORT THE

HOMELESS.

TO ASSIST THE ENTITY WITH

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

3

SHIELDS FOR FAMILIES

LOS ANGELES, CA 90047

11601 S. WESTERN AVENUE

	<i>(</i> , ) =	( )					
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE SAN FERNANDO VALLEY							
COMMUNITY MENTAL HEALTH CTR., INC.							TO ASSIST THE ENTITY WITH
- 14660 OXNARD STREET - VAN NUYS,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91411	95-6194487	501(C)(3)	0.	146,236.	VALUE	VARIOUS GOODS	HOMELESS.
MARY LIND RECOVERY CENTERS SOCIAL							
MODEL RECOVERY SYSTEMS, INC 360							TO ASSIST THE ENTITY WIT
SOUTH WESTLAKE AVE LOS ANGELES,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 90057	95-4079133	501(C)(3)	0.	142,315.	VALUE	VARIOUS GOODS	HOMELESS.
AIDS PROJECT LOS ANGELES							TO ASSIST THE ENTITY WITH
					EXID MADVEM		
611 SOUTH KINGSLEY DRIVE	05 2042506	E01/G)/3)	0.	120 275	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90005	95-3842506	501(C)(3)	0.	139,375.	VALUE	VARIOUS GOODS	HOMELESS.
HUNTINGTON PARK THE SALVATION ARMY							TO ASSIST THE ENTITY WIT
2965 E GAGE AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
HUNTINGTON PARK, CA 90255	94-1156347	501(C)(3)	0.	138,021.	VALUE	VARIOUS GOODS	HOMELESS.
CHRISTIAN OUTREACH APPEAL							TO ASSIST THE ENTITY WIT
515 EAST 3RD STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90802	33-0008271	501(C)(3)	0.	136,777.	VALUE	VARIOUS GOODS	HOMELESS.
WENDER OF GOWDINGTON							TO AGGICE THE TAXABLE LITTLE
HEART OF COMPASSION 600 S. MAPLE AVENUE					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
	42-1573926	E01/G\/2\	0.	122 440		WARTOUG GOODG	
MONTEBELLO, CA 90640	42-15/3920	501(C)(3)	0.	123,440.	VALUE	VARIOUS GOODS	HOMELESS.
PROTOTYPES HEALTHRIGHT 360							TO ASSIST THE ENTITY WIT
845 E. ARROW HWY					FAIR MARKET		RESOURCES TO SUPPORT THE
POMONA, CA 91767	95-4092046	501(C)(3)	0.	110,979.	VALUE	VARIOUS GOODS	HOMELESS.
DEEP GREEN HOUSING & COMMUNITY							TO ASSIST THE ENTITY WIT
DEVELOPMENT - 400 W. 9TH STREET,					FAIR MARKET		RESOURCES TO SUPPORT THE
SUITE 100 - LOS ANGELES, CA 90015	95-4313200	501(C)(3)	0.	108,960.	VALUE	VARIOUS GOODS	HOMELESS.
DREAM CENTER FOUNDATION							TO ASSIST THE ENTITY WIT
2301 BELLEVUE AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-1803686	501/C)/3)	0.	106,280.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC CLINICS							TO ASSIST THE ENTITY WITH
2550 E. FOOTHILL BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91107	95-1644034	501(C)(3)	0.	105,960.		VARIOUS GOODS	HOMELESS.
A COMMUNITY OF FRIENDS							TO ASSIST THE ENTITY WITH
9130 S. FIGUEROA STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90003	95-4203106	501(C)(3)	0.	105,728.		VARIOUS GOODS	HOMELESS.
TRUEVINE COMMUNITY OUTREACH					L		TO ASSIST THE ENTITY WITH
5238 CLARK ST	05 4040640	504 (5) (0)		400 000	FAIR MARKET		RESOURCES TO SUPPORT THE
LYNWOOD, CA 90262	95-4340619	501(C)(3)	0.	103,809.	VALUE	VARIOUS GOODS	HOMELESS.
ANGEL INTERFAITH NETWORK ST.							DO AGGEGT THE THEFT WE WENT
CAMILLUS CATHOLIC CHURCH - 1100 N							TO ASSIST THE ENTITY WITH
MISSION ROAD - LOS ANGELES, CA	05 1640200	501 (6) (2)		100 055	FAIR MARKET		RESOURCES TO SUPPORT THE
90033	95-1642382	501(C)(3)	0.	100,255.	VALUE	VARIOUS GOODS	HOMELESS.
MUE VILLAGE EAMILY CEDVICES							TO ASSIST THE ENTITY WITH
THE VILLAGE FAMILY SERVICES					EATD MADKED		
6736 LAUREL CANYON BLVD. #200	05 4625026	E01/G\/2\	0.	06 740	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE
NORTH HOLLYWOOD, CA 90016	95-4625826	501(0)(3)	0.	96,749.	VALUE	VARIOUS GOODS	HOMELESS.
RIVER COMMUNITY COVINA SOCIAL							TO ASSIST THE ENTITY WITH
MODEL RECOVERY SYSTEMS, INC 508					FAIR MARKET		RESOURCES TO SUPPORT THE
S. SECOND AVE COVINA, CA 91723	95-4079133	501 (C) (3)	0.	95,862.		VARIOUS GOODS	HOMELESS.
SANTA FE SPRINGS - TRANSITIONAL	73 4077133	501(0)(3)	· ·	33,002.	VILLOE	VIRCIOUD GOODS	I I I I I I I I I I I I I I I I I I I
LIVING CENTER THE SALVATION ARMY -							TO ASSIST THE ENTITY WITH
12000 EAST WASHINGTON BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
WHITTIER, CA 90606	94-1156347	501(C)(3)	0.	93,298.		VARIOUS GOODS	HOMELESS.
millim, on socio	31 1130317	501(0)(3)	•	33,230.	VIIIOI	VIRGOOD GOODD	
SRO HOUSING							TO ASSIST THE ENTITY WITH
1055 W. 7TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90017	95-3909215	501(C)(3)	0.	93,198.		VARIOUS GOODS	HOMELESS.
EDED TODDAN MIGGIONS							TO AGGIGE MILE THEFTY
FRED JORDAN MISSIONS					EATD MADKED		TO ASSIST THE ENTITY WITH
P.O. BOX 12345	05 6000110	E01/G)/2)		00.405	FAIR MARKET		RESOURCES TO SUPPORT THE
COVINA, CA 91352	95-6000110	DOT(C)(3)	0.	88,495.	VALUE	VARIOUS GOODS	HOMELESS.

	4.5-15.1	( ) 150			(6) 1.4	( ) 5	4.5
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES & FISHES I CATHOLIC							
CHARITIES OF LOS ANGELES - 4322							TO ASSIST THE ENTITY WITH
SAN FERNANDO ROAD - GLENDALE, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91204	95-1690973	501(C)(3)	0.	85,012.	VALUE	VARIOUS GOODS	HOMELESS.
ST. JOSEPH'S CENTER							TO ASSIST THE ENTITY WITH
204 HAMPTON DRIVE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-3874381	501/0\/3\	0.	84,505.		VARIOUS GOODS	HOMELESS.
VENICE, CA 90291	95-36/4361	501(C)(3)	0.	84,505.	VALUE	VARIOUS GOODS	HOMELESS.
HOPE IN A SUITCASE							TO ASSIST THE ENTITY WITH
2355 WESTWOOD BLVD., SUITE 1121					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90064	47-5071911	501(C)(3)	0.	83,689.		VARIOUS GOODS	HOMELESS.
,				,			
MIDNIGHT MISSION							TO ASSIST THE ENTITY WIT
601 S. SAN PEDRO STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90014	95-1691293	501(C)(3)	0.	83,495.	VALUE	VARIOUS GOODS	HOMELESS.
CRISIS HOUSING VOLUNTEERS OF							TO ASSIST THE ENTITY WIT
AMERICA - 2040 N GAREY AVE -					FAIR MARKET		RESOURCES TO SUPPORT THE
POMONA, CA 91767	95-1691330	501(C)(3)	0.	82,877.	VALUE	VARIOUS GOODS	HOMELESS.
WEST HOLLYWOOD COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 7530 SANTA MONICA					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD WEST HOLLYWOOD, CA 90046	95-4122368	501/01/31	0.	81,040.		VARIOUS GOODS	HOMELESS.
BLVD WEST HOLLIWOOD, CA 30040	93-4122300	501(0)(3)	0.	01,040.	VALUE	VARIOUS GOODS	HOMELESS.
ST. VINCENT SHELTER							TO ASSIST THE ENTITY WIT
621 WEST ADAMS BOULEVARD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	53-0196617	501(C)(3)	0.	80,218.	VALUE	VARIOUS GOODS	HOMELESS.
HAVEN HOUSE JEWISH FAMILY SERVICES							TO ASSIST THE ENTITY WIT
L.A P.O. BOX 50007 - PASADENA,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91115	95-1691013	501(C)(3)	0.	78,955.	VALUE	VARIOUS GOODS	HOMELESS.
ODMINISM VOLUME HOLES - TOWN							TO AGGEOR THE THEFT
OPTIMIST YOUTH HOMES & FAMILY					L		TO ASSIST THE ENTITY WIT
SERVICES - 6957 N. FIGUEROA STREET	0.5 4.5.55.5	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90041	95-1643340	P01(C)(3)	0.	78,240.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	
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BELL SHELTER THE SALVATION ARMY							TO ASSIST THE ENTITY WITH
5600 RICKENBACKER RD., BLDG. 2A-B					FAIR MARKET		RESOURCES TO SUPPORT THE
BELL, CA 90201	95-1656360	501(C)(3)	0.	76,966.		VARIOUS GOODS	HOMELESS.
CHILDREN'S BUREAU OF SOUTHERN CA							NO ACCION MUE ENMINY WINU
1910 MAGNOLIA AVENUE					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	95-1690975	501(C)(3)	0.	75,857.		VARIOUS GOODS	HOMELESS.
				,			
HELPING KIDS TO RECOVER INC.							TO ASSIST THE ENTITY WITH
937 E ALBERTOINI STREET, SUITE 200					FAIR MARKET		RESOURCES TO SUPPORT THE
CARSON, CA 90746	34-1981724	501(C)(3)	0.	74,643.	VALUE	VARIOUS GOODS	HOMELESS.
THEN THE THE							TO AGGICE THE TAMENT HITME
JWCH INSTITUTE, INC.							TO ASSIST THE ENTITY WITH
5650 JILLSON STREET	05 0000016	501 (6) (2)		E2 E61	FAIR MARKET		RESOURCES TO SUPPORT THE
COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	73,561.	VALUE	VARIOUS GOODS	HOMELESS.
SUPPORTIVE HOUSING ELLA'S							TO ASSIST THE ENTITY WITH
FOUNDATION - 3006 S. VERMONT AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
#113 - LOS ANGELES, CA 90007	80-0679091	501(C)(3)	0.	70,811.		VARIOUS GOODS	HOMELESS.
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•
BIBLE TABERNACLE							TO ASSIST THE ENTITY WITH
1761 WASHINGTON WAY					FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	95-2978913	501(C)(3)	0.	70,803.	VALUE	VARIOUS GOODS	HOMELESS.
EAST SAN GABRIEL VALLEY COALITION							
FOR THE HOMELESS - 1345 TURNBULL							TO ASSIST THE ENTITY WITH
CANYON ROAD - HACIENDA HTS, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91715	95-4508436	501(C)(3)	0.	70,803.	VALUE	VARIOUS GOODS	HOMELESS.
IN HIS LOVING EMBRACE							TO ASSIST THE ENTITY WITH
1046 W. 56TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90650	47-1184351	501(C)(3)	0.	69,783.	VALUE	VARIOUS GOODS	HOMELESS.
IMMANUEL HOUSING, INC.							TO ASSIST THE ENTITY WITH
1800 E. 85TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90001	95-4502941	501(C)(3)	0.	69,341.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	
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JENESSE CENTERS							TO ASSIST THE ENTITY WITH
3761 STOCKER STREET, STE. 100					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90008	95-3652529	501(C)(3)	0.	68,608.		VARIOUS GOODS	HOMELESS.
,				,			-
THE LOS ANGELES COUNTY COMMUNITY							TO ASSIST THE ENTITY WITH
DEVELOPMENT FOUNDATION - 700 WEST					FAIR MARKET		RESOURCES TO SUPPORT THE
MAIN STREET - ALHAMBRA, CA 91801	77-0469732	501(C)(3)	0.	67,814.	VALUE	VARIOUS GOODS	HOMELESS.
FAMILY VIOLENCE PROJECT - HOPE							
COTTAGE JEWISH FAMILY SERVICES LOS							TO ASSIST THE ENTITY WITH
ANGELES - 827 S. GRAMERCY PLACE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90005	95-0691013	501(C)(3)	0.	66,493.	VALUE	VARIOUS GOODS	HOMELESS.
VENICE COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 720 ROSE AVENUE -	05 4000564	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	95-4200761	501(C)(3)	0.	66,461.	VALUE	VARIOUS GOODS	HOMELESS.
CITY OF LOS ANGELES OFFICE OF							TO ASSIST THE ENTITY WITH
CONTROLLER - 200 N. MAIN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
ROOM 1200 - LOS ANGELES, CA 90012	95-8000735	501(C)(3)	0.	65,632.		VARIOUS GOODS	HOMELESS.
WOMEN ORGANIZING RESOURCES,	33 333733	301(0)(3)	•	03,032.	VIII02	VIRGOS GOODS	
KNOWLEDGE AND SERVICES							TO ASSIST THE ENTITY WITH
(W.O.R.K.S.) - 795 N. AVENUE 50 -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90042	95-4680440	501(C)(3)	0.	64,681.	VALUE	VARIOUS GOODS	HOMELESS.
				-			
1736 FAMILY CRISIS CENTER							TO ASSIST THE ENTITY WITH
21707 HAWTHORNE BLVD #300					FAIR MARKET		RESOURCES TO SUPPORT THE
TORRANCE, CA 90503	95-3989251	501(C)(3)	0.	64,575.	VALUE	VARIOUS GOODS	HOMELESS.
ANTELOPE VALLEY CORPS THE							TO ASSIST THE ENTITY WITH
SALVATION ARMY - 44517 SIERRA HWY					FAIR MARKET		RESOURCES TO SUPPORT THE
- LANCASTER, CA 93534	95-1656360	501(C)(3)	0.	62,120.	VALUE	VARIOUS GOODS	HOMELESS.
DADDING OF HAMES							
PARENTS OF WATTS					EATD MADWEE		TO ASSIST THE ENTITY WITH
10828 LOU-DILLON AVENUE	05_3004160	501/C\/3\	0.	61 666	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90059	95-3894168	DOT(C)(2)	1 0.	61,666.	AWTOR	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO KIDZ							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
1801 S. GRAND AVE.	05 4200721	E01/G)/3)		61 500		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-4209721	501(C)(3)	0.	61,589.	VALUE	VARIOUS GOODS	HOMELESS.
JOURNEY HOUSE							TO ASSIST THE ENTITY WITH
1232 N. LOS ROBLES AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-3838636	501/01/31	0.	59,213.		VARIOUS GOODS	HOMELESS.
PASADENA, CA 91104	33-3636636	501(C)(3)	0.	39,213.	VALUE	VARIOUS GOODS	NOMELESS:
BEHAVIORAL HEALTH SERVICES, INC.							TO ASSIST THE ENTITY WITH
JOINT EFFORTS INC 15519					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-2838006	E01/G)/2)	0.	E0 120		VARIOUS GOODS	
CRENSHAW BLVD GARDENA, CA 90249	93-2636000	501(C)(3)	1	59,120.	VALUE	VARIOUS GOODS	HOMELESS.
LONG BEACH FAMILY SHELTER CATHOLIC							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
CHARITIES OF LOS ANGELES - 123 E.	05 1600073	E01/G)/2)		56.056		WARTOWG GOODG	RESOURCES TO SUPPORT THE
14TH STREET - LONG BEACH, CA 90813	95-1690973	501(0)(3)	0.	56,956.	VALUE	VARIOUS GOODS	HOMELESS.
CHOISS PERMANENT SUPPORTIVE							TO AGGICE THE THEFT WITH
HOUSING ALLIANCE FOR HOUSING AND							TO ASSIST THE ENTITY WITH
HEALING - 825 COLORADO BLVD. STE.	05 44 45 06 4	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
100 - LOS ANGELES, CA 90041	95-4147364	501(C)(3)	0.	56,677.	VALUE	VARIOUS GOODS	HOMELESS.
WEINGARD GENERR AGGOGIANTON							MO AGGIGM MILE ENMITMY WITHIN
WEINGART CENTER ASSOCIATION							TO ASSIST THE ENTITY WITH
566 S. SAN PEDRO ST.	05 6054615	E01/G)/2)		55 450	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-6054617	501(C)(3)	0.	55,159.	VALUE	VARIOUS GOODS	HOMELESS.
PROJECT NEW HOPE							TO ASSIST THE ENTITY WITH
					FAIR MARKET		RESOURCES TO SUPPORT THE
1004 ECHO PARK AVENUE	27 4555000	E01/G)/3)		E4 027		WARTOUG GOODG	
LOS ANGELES, CA 90026	27-4555998	DUI(C)(3)	0.	54,027.	VALUE	VARIOUS GOODS	HOMELESS.
VWCA CDEAMED IOC AMORIEC							MO ACCION MUR ENMINY WITH
YWCA GREATER LOS ANGELES					EATD MADWEE		TO ASSIST THE ENTITY WITH
7515 PACIFIC BLVD.	05.4650040	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
WALNUT PARK, CA 90255	95-1652919	DOT(C)(3)	0.	52,131.	VALUE	VARIOUS GOODS	HOMELESS.
STUDENT AND COMMUNITY SERVICES							TO ASSIST THE ENTITY WITH
					EXID MADEEM		
PARA LOS NINOS - 500 LUCAS AVENUE	05 244225	E01/G)/3)		F1 012	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90017	95-3443276	DOT(C)(3)	0.	51,913.	VALUE	VARIOUS GOODS	HOMELESS.

organization or government  if applicable  cash grant  non-cash assistance  cash grant  non-cash assistance  non-cash assistance  ron assistance  or assistance  bridge to home  p.o. Box 802978  SANTA CLARITA, CA 91380  p5-4587823 501(C)(3)  0. 51,762. VALUE  VARIOUS GOODS  HOMELESS.  FAIR MARKET  TO ASSIST TO ASSIS	HE ENTITY WITH O SUPPORT THE HE ENTITY WITH O SUPPORT THE
P.O. BOX 802978  SANTA CLARITA, CA 91380  95-4587823 501(C)(3)  0. 51,762. VALUE  VARIOUS GOODS  HOMELESS.  FAIR MARKET  RESOURCES TO ASSIST THE ACCOUNTY - 801 E. CHAPMAN  AVENUE, SUITE 203 - FULLERTON, CA  92831  95-2492427 501(C)(3)  0. 51,570. VALUE  VARIOUS GOODS  HOMELESS.  TO ASSIST THE ACCOUNTY OF	O SUPPORT THE
P.O. BOX 802978  SANTA CLARITA, CA 91380  95-4587823 501(C)(3)  0. 51,762. VALUE  VARIOUS GOODS  HOMELESS.  FORENCE CRITTENTON SERVICES OF  ORANGE COUNTY - 801 E. CHAPMAN  AVENUE, SUITE 203 - FULLERTON, CA  92831  95-2492427 501(C)(3)  0. 51,570. VALUE  VARIOUS GOODS  HOMELESS.  TO ASSIST THE COUNTY OF TH	O SUPPORT THE
SANTA CLARITA, CA 91380 95-4587823 501(C)(3) 0. 51,762. VALUE VARIOUS GOODS HOMELESS.  FLORENCE CRITTENTON SERVICES OF  ORANGE COUNTY - 801 E. CHAPMAN  AVENUE, SUITE 203 - FULLERTON, CA  92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS.  ESSENCE OF LIGHT TO ASSIST THE	HE ENTITY WITH
FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY - 801 E. CHAPMAN AVENUE, SUITE 203 - FULLERTON, CA 92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS.  TO ASSIST THE COUNTY OF TO ASSIST THE COUNTY OF THE COUNTY O	
ORANGE COUNTY - 801 E. CHAPMAN AVENUE, SUITE 203 - FULLERTON, CA 92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS. TO ASSIST THE COUNTY - 801 E. CHAPMAN TO ASSIST THE	
AVENUE, SUITE 203 - FULLERTON, CA 92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS.  TO ASSIST TO	
92831 95-2492427 501(C)(3) 0. 51,570. VALUE VARIOUS GOODS HOMELESS.  ESSENCE OF LIGHT TO ASSIST THE	
ESSENCE OF LIGHT TO ASSIST TO	
744 WEST 111TH STREET RESOURCES TO	HE ENTITY WITH
	O SUPPORT THE
LOS ANGELES, CA 90044 80-0069684 501(C)(3) 0. 50,840. VALUE VARIOUS GOODS HOMELESS.	
LANCASTER COMMUNITY SHELTER GRACE TO ASSIST THE	HE ENTITY WITH
RESOURCES, INC 45134 N. SIERRA RESOURCES TO	O SUPPORT THE
HWY LANCASTER, CA 93534 95-4309251 501(C)(3) 0. 50,759. VALUE VARIOUS GOODS HOMELESS.	
MARIPOSA AND MENLO HOUSES AIDS/HIV	
HEALTH ALTERNATIVES - 1731 S. TO ASSIST THE	HE ENTITY WITH
'	O SUPPORT THE
90006 95-4607820 501(C)(3) 0. 49,692. VALUE VARIOUS GOODS HOMELESS.	
	HE ENTITY WITH
	O SUPPORT THE
LOS ANGELES, CA 90048 46-4503539 501(C)(3) 0. 49,251. VALUE VARIOUS GOODS HOMELESS.	
	HE ENTITY WITH
	O SUPPORT THE
AVE - LOS ANGELES, CA 90026 31-1629166 501(C)(3) 0. 48,203. VALUE VARIOUS GOODS HOMELESS.	
WLCAC-HOMELESS ASSISTANCE PROGRAM TO ASSIST TH	HE ENTITY WITH
	O SUPPORT THE
	J SUFFORT THE
LOS ANGELES, CA 90059 95-2412869 501(C)(3) 0. 46,708. VALUE VARIOUS GOODS HOMELESS.	
AFFORDABLE LIVING FOR THE AGING, TO ASSIST THE	HE ENTITY WITH
	O SUPPORT THE
STE. 4393 - LOS ANGELES, CA 90067   95-3301874 501(C)(3)   0. 46,603. VALUE   VARIOUS GOODS   HOMELESS.	

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	Tuge 1
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CHILDRENG INCOLUMN INC							TO ASSIST THE ENTITY WITH
CHILDRENS INSTITUTE, INC.					FAIR MARKET		
2121 W. TEMPLE STREET	05 1641424	E01/G)/3)	0.	46 270		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-1641424	501(0)(3)	0.	46,279.	VALUE	VARIOUS GOODS	HOMELESS.
SUPPORTIVE SERVICES NORTH VALLEY							TO ASSIST THE ENTITY WITH
CARING SERVICES - 15453 RAYEN					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - NORTH HILLS, CA 91343	95-4444561	501(C)(3)	0.	45,050.		VARIOUS GOODS	HOMELESS.
BIRDEI NORTH HIDDE, CA 91343	73 1111301	301(0)(3)	· ·	43,030.	V111011	VIRCIOUD GOODD	HOMBERS.
ZAHN CENTER THE SALVATION ARMY							TO ASSIST THE ENTITY WITH
832 W. JAMES M. WOOD BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-1656360	501(C)(3)	0.	44,940.		VARIOUS GOODS	HOMELESS.
202 12.02222, 01. 30020	70 100000		•	11,510.			
BIENESTAR HUMAN SERVICES, INC.							TO ASSIST THE ENTITY WITH
5326 E. BEVERLY BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90022	95-4505737	501(C)(3)	0.	44,627.	VALUE	VARIOUS GOODS	HOMELESS.
CORNERSTONE SAN FERNANDO VALLEY				,			
COMMUNITY MENTAL HEALTH CTR., INC.							TO ASSIST THE ENTITY WITH
- 14660 OXNARD STREET - VAN NUYS,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91411	95-6194487	501(C)(3)	0.	44,031.		VARIOUS GOODS	HOMELESS.
				,			
MCKINLEY CHILDREN'S CENTER							TO ASSIST THE ENTITY WITH
762 W. CYPRESS STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN DIMAS, CA 91773	95-2016696	501(C)(3)	0.	43,826.	VALUE	VARIOUS GOODS	HOMELESS.
WOMENSHELTER OF LONG BEACH							TO ASSIST THE ENTITY WITH
PO BOX 32107					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90832	95-1644058	501(C)(3)	0.	43,298.	VALUE	VARIOUS GOODS	HOMELESS.
MARYVALE							TO ASSIST THE ENTITY WITH
7600 E. GRAVES AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
ROSEMEAD, CA 91770	53-0196617	501(C)(3)	0.	43,113.	VALUE	VARIOUS GOODS	HOMELESS.
TCLC CRISIS HOUSING TESTIMONIAL							
COMMUNITY LOVE CENTER - 5721 S.							TO ASSIST THE ENTITY WITH
WESTERN AVENUE - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90062	95-4376926	501(C)(3)	0.	42,889.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEND 10641 N. SAN FERNANDO ROAD PACOIMA, CA 91331	23-7306337	501(C)(3)	0.	42,676.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
DAVID & MARGARET HOME, THE 1350 THIRD STREET LA VERNE, CA 91750	95-4232535	501(C)(3)	0.	40,839.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SHELTER PARTNERSHIP - OUTREACH 523 W. SIXTH STREET. STE. 616 LOS ANGELES, CA 90014	95-3976214	501(C)(3)	0.	40,704.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
DIDI HIRSCH COMM. MENTAL HEALTH CTR - 4760 S. SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	0.	40,577.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
COALITION FOR RESPONSIBLE  COMMUNITY DEVELOPMENT - 3101 S.  GRAND AVENUE - LOS ANGELES, CA 90007	20-2445113	501(C)(3)	0.	39,873.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ALEGRIA THE SALVATION ARMY 2737 SUNSET BLVD. LOS ANGELES, CA 90026	94-1156347	501(C)(3)	0.	39,115.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
PERSONAL INVOLVEMENT CENTER, INC. 8220 S. SAN PEDRO STREET LOS ANGELES, CA 90003	23-7186243	501(C)(3)	0.	38,705.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CATHOLIC RAINBOW OUTREACH 11419 CARMENITA WHITTIER, CA 90605	95-3096644	501(C)(3)	0.	37,799.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ALCOHOLISM CENTER FOR WOMEN 1147 SOUTH ALVARADO STREET LOS ANGELES, CA 90006	23-7428537	501(C)(3)	0.	37,026.	FAIR MARKET VALUE		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BETHEL LA COMMUNITY DEVELOPMENT							TO ASSIST THE ENTITY WITH
7911 S. WESTERN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90047	51-0429735	501 (C) (3)	0.	36 <sub>.</sub> 292 <b>.</b>		VARIOUS GOODS	HOMELESS.
TRUDY NORMAN LEWIS VALLEY SHELTER	31 0123733	301(0)(3)		30,232.	711101	VIACIOUS GOODS	
L.A. FAMILY HOUSING - 7843							TO ASSIST THE ENTITY WITH
LANKERSHIM BLVD 7843 LANKERSHIM					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD. NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	0.	36,159.		VARIOUS GOODS	HOMELESS.
,				,			
SU CASAENDING DOMESTIC ABUSE							TO ASSIST THE ENTITY WITH
3840 WOODRUFF AVENUE, SUITE 203					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90808	95-3495175	501(C)(3)	0.	35,962.	VALUE	VARIOUS GOODS	HOMELESS.
COMUNIDAD CESAR CHAVEZ L.A. FAMILY							TO ASSIST THE ENTITY WITH
HOUSING - 207 NORTH BREED STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3920560	501(C)(3)	0.	35,150.	VALUE	VARIOUS GOODS	HOMELESS.
TOVENED THO							TO AGGICE THE ENTIRY WITH
JOVENES, INC.					FAIR MARKET		TO ASSIST THE ENTITY WITH
1208 PLEASANT AVE	95-4342434	E01/G\/2\	0.	25 011		VARIOUS GOODS	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-4342434	501(C)(3)	0.	35,011.	VALUE	VARIOUS GOODS	HOMELESS.
ANGEL'S FLIGHT CATHOLIC CHARITIES							TO ASSIST THE ENTITY WITH
OF LOS ANGELES - 357 S. WESTLAKE					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LOS ANGELES, CA 90057	85-1690973	501(C)(3)	0.	34,942.	VALUE	VARIOUS GOODS	HOMELESS.
WESTWOOD TRANSITIONAL VILLAGE THE							TO ASSIST THE ENTITY WITH
SALVATION ARMY - 1401 S. SEPULVEDA					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD LOS ANGELES, CA 90025	95-1656360	501(C)(3)	0.	34,134.	VALUE	VARIOUS GOODS	HOMELESS.
FOSTER CHILDRENS RESOURCE CENTER							TO ASSIST THE ENTITY WITH
19441 BUSINESS CENTER DRIVE #110					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTHRIDGE, CA 91324	95-1641960	501(C)(3)	0.	34,088.	VALUE	VARIOUS GOODS	HOMELESS.
TEMPLE ISRAEL							TO ASSIST THE ENTITY WITH
5200 LANKERSIM BLV, STE 850					FAIR MARKET		RESOURCES TO SUPPORT THE
JEGG HIMMUNDIN DHY, DIE GGG			1		TILL HIMME	1	The second by the second secon

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	- Fayer
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL SERVICES FOR GROUPS/HOP							TO ASSIST THE ENTITY WITH
5715 S. BROADWAY					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90037	95-1716914	501(C)(3)	0.	33,451.		VARIOUS GOODS	HOMELESS.
HOS ANGELLES, CA 90037	93-1710914	501(0)(3)	0.	33,431.	VALUE	VARIOUS GOODS	HOMELESS.
ROTARY CLUB OF LOS ANGELES							TO ASSIST THE ENTITY WITH
FOUNDATION - 523 W 6TH STREET,					FAIR MARKET		RESOURCES TO SUPPORT THE
SUITE 718 - LOS ANGELES, CA 90014	95-4479461	501(C)(3)	0.	33,333.		VARIOUS GOODS	HOMELESS.
BOTTE /10 BOD MIGHEND, CM 30014	33 4473401	301(0)(3)	· ·	33,333.	VIIIOI	VIRCIOUD GOODD	HOWELLES.
GLENDALE CORPS THE SALVATION ARMY							TO ASSIST THE ENTITY WITH
320 W. WINDSOR ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
GLENDALE, CA 91204	95-1156347	501(C)(3)	0.	32,847.		VARIOUS GOODS	HOMELESS.
CLIMBINE, ON SIZOT	33 1130317	301(0)(3)		32,017.	VIIIOI	VIECEOUS GOODS	1
AVIVA FAMILY AND CHILDREN'S							TO ASSIST THE ENTITY WITH
SERVICES - 7120 FRANKLIN AVENUE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90046	95-1693616	501(C)(3)	0.	32,280.		VARIOUS GOODS	HOMELESS.
EOD ANGELLED, CA 70040	73 1073010	501(0)(3)	0.	32,200.	VALOE	VARIOUS GOODS	HOMEBESS:
HATHAWAY - SYCAMORES CHILD &							TO ASSIST THE ENTITY WITH
FAMILY SERVICES - 840 N. AVENUE 66					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90042	95-1691005	501(C)(3)	0.	31,964.		VARIOUS GOODS	HOMELESS.
	33 1031003	301(0)(3)	· ·	31,304.	VIIIOI	VIRCIOUD GOODD	HOWELLES.
SAFE REFUGE							TO ASSIST THE ENTITY WITH
1041 REDONDO AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90804	33-0355130	501(C)(3)	0.	31,308.		VARIOUS GOODS	HOMELESS.
WEST COVINA ACCESS & OUTREACH							
CENTER VOLUNTEERS OF AMERICA -							TO ASSIST THE ENTITY WITH
1760 WEST CAMERON AVENUE, STE. 104					FAIR MARKET		RESOURCES TO SUPPORT THE
- WEST COVINA, CA 91790	95-1691330	501(C)(3)	0.	29,484.		VARIOUS GOODS	HOMELESS.
, 611 51/50	70 1071000		•	25,101.		VIII.1002 00022	
CROSSROADS, INC.							TO ASSIST THE ENTITY WITH
P.O. BOX 15					FAIR MARKET		RESOURCES TO SUPPORT THE
CLAREMONT, CA 91711	95-2925985	501(C)(3)	0.	29,310.		VARIOUS GOODS	HOMELESS.
Ommunicati, Off 71/11	73 2723703	551(5)(5)	· ·	25,510.		TIMETOOD GOODS	
HEALTHY START DANA MIDDLE SCHOOL							TO ASSIST THE ENTITY WITH
PTO - 1501 S CABRILLO AVE - SAN					FAIR MARKET		RESOURCES TO SUPPORT THE
PEDRO, CA 90731	30-0870923	501(C)(3)	0.	28,691.		VARIOUS GOODS	HOMELESS.
	1 33 30,70,23		<u> </u>	20,001.	1		POMEDESS:

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSEMARY CHILDREN'S SERVICES							TO ASSIST THE ENTITY WITH
36 S. KINNELOA AVENUE, STE. 100					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91107	95-1661683	501(C)(3)	0.	27,796.		VARIOUS GOODS	HOMELESS.
	70 2002000		1	27,720.		VIII.1002 00022	
HOLLYGROVE UPLIFT FAMILY SERVICES							TO ASSIST THE ENTITY WITH
815 N. EL CENTRO AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90038	94-2295953	501(C)(3)	0.	27,080.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
ST. ANNES RESIDENTIAL FACILITY							TO ASSIST THE ENTITY WITH
155 N. OCCIDENTAL BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-1691306	501(C)(3)	0.	26,724.	VALUE	VARIOUS GOODS	HOMELESS.
SUPPORTIVE SERVICES PROGRAM							
HOLLYWOOD COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 5020 WEST SANTA					FAIR MARKET		RESOURCES TO SUPPORT THE
MONICA BLVD HOLLYWOOD, CA 90029	95-4198215	501(C)(3)	0.	26,411.	VALUE	VARIOUS GOODS	HOMELESS.
VALLEY OASIS EMERGENCY SHELTER							TO ASSIST THE ENTITY WITH
P.O. BOX 2980					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93539	95-3582588	501(C)(3)	0.	26,206.	VALUE	VARIOUS GOODS	HOMELESS.
CENTER FOR THE PACIFIC ASIAN							TO ASSIST THE ENTITY WITH
FAMILY - 543 NORTH FAIRFAX AVE. #					FAIR MARKET		RESOURCES TO SUPPORT THE
108 - LOS ANGELES, CA 90036	95-3532351	501(C)(3)	0.	26,005.	VALUE	VARIOUS GOODS	HOMELESS.
TWAGINE LA							MO AGGIGM MUR DAMINAY WING
IMAGINE LA					EATD MADKED		TO ASSIST THE ENTITY WITH
5455 WILSHIRE BLVD., STE. 1001	20 4627000	E01/G)/3)		25 040	FAIR MARKET	WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90036	20-4637089	501(C)(3)	0.	25,840.	VALUE	VARIOUS GOODS	HOMELESS.
FAMILY EMERGENCY HOUSING PROGRAM							TO ASSIST THE ENTITY WITH
VOLUNTEERS OF AMERICA - 8224 SOUTH					FAIR MARKET		RESOURCES TO SUPPORT THE
BROADWAY - LOS ANGELES, CA 90003	95-1691330	501(C)(3)	0.	25,769 <b>.</b>		VARIOUS GOODS	HOMELESS.
ENGLISHIT LOS INGELES, CA 70003	22 1021330		1	25,109.	***************************************	TIMETOOD GOODS	1011111100
FLOSSIE LEWIS CENTER BEHAVIORAL							TO ASSIST THE ENTITY WITH
HEALTH SERVICES - 351 E. 6TH					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - LONG BEACH, CA 90802	95-2838006	501(C)(3)	0.	25,575.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other		•	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa		S S S T S E Fage I
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THE BIDDY MASON CHARITABLE							
FOUNDATION FIRST AFRICAN METHODIST							TO ASSIST THE ENTITY WITH
EPISCOPAL - 2249 SO. HARVARD BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90018	95-6142291	501(C)(3)	0.	24,062.	VALUE	VARIOUS GOODS	HOMELESS.
WEST VALLEY FOOD PANTRY PRINCE OF							
PEACE EPISCOPAL CHURCH - 5700							TO ASSIST THE ENTITY WITH
RUDNICK AVE - WOODLAND HILLS, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91367	95-3349988	501(C)(3)	0.	23,817.	VALUE	VARIOUS GOODS	HOMELESS.
BEYOND SHELTER PATH					L		TO ASSIST THE ENTITY WITH
5101 SOUTH BROADWAY					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90037	95-4197075	501(C)(3)	0.	23,638.	VALUE	VARIOUS GOODS	HOMELESS.
HADDY MDATIG FOR KIDG							TO AGGIOR MUD ENMINY MINU
HAPPY TRAILS FOR KIDS							TO ASSIST THE ENTITY WITH
2525 OCEAN PARK BLVD., #104	05 4450506	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90403	95-4453586	501(C)(3)	0.	23,587.	VALUE	VARIOUS GOODS	HOMELESS.
HARBOR VIEW HOUSE, INC.							TO ASSIST THE ENTITY WITH
921 SOUTH BEACON STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	95-2391226	501/0\/3\	0.	23,014.		VARIOUS GOODS	HOMELESS.
SAN PEDRO, CA 90731	95-2391220	501(C)(3)	0.	23,014.	VALUE	VARIOUS GOODS	HOMELESS.
OUR SAVIOUR CENTER							TO ASSIST THE ENTITY WITH
4368 SANTA ANITA AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
EL MONTE, CA 91731	95-1765149	501(C)(3)	0.	22,242.		VARIOUS GOODS	HOMELESS.
TURNING POINT ALCOHOL & DRUG				,			
EDUCATION PROGRAM, INC 1453							TO ASSIST THE ENTITY WITH
16TH STREET - SANTA MONICA, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90404	95-6143865	501(C)(3)	0.	22,082.		VARIOUS GOODS	HOMELESS.
				,			-
UPWARD BOUND HOUSE							TO ASSIST THE ENTITY WITH
1020 12TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90403	95-4288926	501(C)(3)	0.	22,022.		VARIOUS GOODS	HOMELESS.
VETERAN OPPORTUNITY CENTER NEW		,,,,		,			
DIRECTIONS, INC 11303 WILSHIRE							TO ASSIST THE ENTITY WITH
BLVD VA BLDG 116 - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90073	95-4242745	501 (C) (3)	0.	21,646.		VARIOUS GOODS	HOMELESS.
	73 424743	001(0)(0)	1 0.	21,040.	*******	1.111.100p GOODp	

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	- uger
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENTS SOLDIERS JUSTICE MEMORIAL							TO ASSIST THE ENTITY WITH
FOUNDATION - 4908 GLEN IRIS AVE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90041		501(C)(3)	0.	21,328.		VARIOUS GOODS	HOMELESS.
				,			
STEP UP ON SECOND							TO ASSIST THE ENTITY WITH
1328 2ND STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90401	95-4109386	501(C)(3)	0.	21,279.	VALUE	VARIOUS GOODS	HOMELESS.
				-			
INDEPENDENT LIVING CENTER							TO ASSIST THE ENTITY WITH
14407 GILMORE STREET #101					FAIR MARKET		RESOURCES TO SUPPORT THE
VAN NUYS, CA 91401	95-3026060	501(C)(3)	0.	21,233.	VALUE	VARIOUS GOODS	HOMELESS.
ADULT CENTER SHELTER AND COMMUNITY							
MEALS UNION STATION FOUNDATION -							TO ASSIST THE ENTITY WITH
825 E. ORANGE GROVE BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91104	95-3958741	501(C)(3)	0.	21,108.	VALUE	VARIOUS GOODS	HOMELESS.
CASA GUADALUPE LOS ANGELES HOUSE							TO ASSIST THE ENTITY WITH
OF RUTH - 605 N. CUMMINGS STREET -	05 044454	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3411454	501(C)(3)	0.	20,700.	VALUE	VARIOUS GOODS	HOMELESS.
ST. FRANCIS CENTER							TO ASSIST THE ENTITY WITH
1835 SOUTH HOPE STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-4479271	501(C)(3)	0.	19,759.		VARIOUS GOODS	HOMELESS.
100 ANGELES, CA 70013	JJ 44/JZ/1	501(0)(3)	0.	15,755.	VALUE	VARIOUS GOODS	HOMELESS:
PENNY LANE CENTERS							TO ASSIST THE ENTITY WITH
15317 RAYEN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTH HILLS, CA 91343	95-2633765	501(C)(3)	0.	19,675.		VARIOUS GOODS	HOMELESS.
				,			
LAMP COMMUNITY							TO ASSIST THE ENTITY WITH
526 SAN PEDRO STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-3993742	501(C)(3)	0.	19,610.	VALUE	VARIOUS GOODS	HOMELESS.
BIENVENIDOS CHILDRENS CENTER, INC.							TO ASSIST THE ENTITY WITH
316 WEST 2ND STREET, SUITE 800					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90012	95-4042883	501(C)(3)	0.	19,503.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other		•	nizations in the Un	ited States (Sch	edule I (Form 990), Pa		- SSTOZIE Fage
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LOS ANGELES MISSION							TO ASSIST THE ENTITY WITH
303 EAST 5TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-3134049	501(C)(3)	0.	19,363.		VARIOUS GOODS	HOMELESS.
ASIAN AMERICAN DRUG ABUSE PROGRAM							TO ASSIST THE ENTITY WITH
(AADAP) - 5318 S. CRENSHAW BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90043	95-2848695	501(C)(3)	0.	19,252.		VARIOUS GOODS	HOMELESS.
COMMUNITY ENGAGEMENT THE JEWISH	70 2010070		1	15,202.			
FEDERATION OF GREATER LOS ANGELES							TO ASSIST THE ENTITY WITH
- 6505 WILSHIRE BLVD., SUITE 900 -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90048	95-1643388	501(C)(3)	0.	19,127.	VALUE	VARIOUS GOODS	HOMELESS.
•				,			
A SENSE OF HOME							TO ASSIST THE ENTITY WITH
1065 ELKGROVE AVE. #2					FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	47-3814056	501(C)(3)	0.	19,021.	VALUE	VARIOUS GOODS	HOMELESS.
BEACON HOUSE ASSOC. OF SAN PEDRO							TO ASSIST THE ENTITY WITH
1003 SOUTH BEACON ST.					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	23-7376148	501(C)(3)	0.	19,003.	VALUE	VARIOUS GOODS	HOMELESS.
BACK TO SCHOOL FAMILY RESCUE							TO ASSIST THE ENTITY WITH
CENTER - 22103 VANOWEN STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
CANOGA PARK, CA 91303	33-1018720	501(C)(3)	0.	18,907.	VALUE	VARIOUS GOODS	HOMELESS.
							L
SCHARP					L		TO ASSIST THE ENTITY WITH
2610 INDUSTRY WAY, SUITE A	05 4400440	504 ( 5 ) ( 0 )		40.056	FAIR MARKET		RESOURCES TO SUPPORT THE
LYNWOOD, CA 90262	95-4482413	501(C)(3)	0.	18,276.	VALUE	VARIOUS GOODS	HOMELESS.
TOTAM REPORMS INC. DEVIANTORAL							TO ACCION MUE DAMENT CITATI
JOINT EFFORTS, INC.BEHAVIORAL					FAIR MARKET		TO ASSIST THE ENTITY WITH
HEALTH SERVICES - 15519 CRENSHAW	05 2020006	E01/G\/2\	0.	10 060		MARIOUG GOODG	RESOURCES TO SUPPORT THE
BLVD GARDENA, CA 90249	95-2838006	DOT(C)(3)	1	18,068.	AVTOR	VARIOUS GOODS	HOMELESS.
HARBOR INTERFAITH SHELTER							TO ASSIST THE ENTITY WITH
670 W. 9TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	33-0031099	501(C)(3)	0.	17,861.		VARIOUS GOODS	HOMELESS.
	1 33 0031033			1,,501.			FIGHTED S.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	- Page 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABAN COMMUNITY CLINIC							TO ASSIST THE ENTITY WITH
8405 BEVERLY BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90048	95-2539105	501(C)(3)	0.	17,820.		VARIOUS GOODS	HOMELESS.
INLAND VALLEY HOPE PARTNERS							TO ASSIST THE ENTITY WITH
1753 NORTH PARK AVENUE #20					FAIR MARKET		RESOURCES TO SUPPORT THE
POMONA, CA 91768	95-2674837	501(C)(3)	0.	17,651.		VARIOUS GOODS	HOMELESS.
SAN GABRIEL REGION CATHOLIC				,			
CHARITIES OF LOS ANGELES - 1307							TO ASSIST THE ENTITY WITH
WARREN STREET - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90033	95-1690973	501(C)(3)	0.	17,630.	VALUE	VARIOUS GOODS	HOMELESS.
MENTAL HEALTH AMERICA (LANCASTER)							TO ASSIST THE ENTITY WITH
506 WEST JACKSON STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93534	95-1881491	501(C)(3)	0.	17,523.	VALUE	VARIOUS GOODS	HOMELESS.
DEGVALED DEGOLIDATES FOR MUT							TO AGGICE THE ENTITY WITH
RECYCLED RESOURCES FOR THE					EATD MADEEM		TO ASSIST THE ENTITY WITH
HOMELESS - 715 NOLDEN STREET - LOS	26-3457517	501/01/31	0.	17,499.	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE HOMELESS.
ANGELES, CA 90042	20-345/51/	501(C)(3)	0.	17,499.	VALUE	VARIOUS GOODS	NOMELESS.
HAVEN HOUSE JEWISH FAMILY SERVICES							TO ASSIST THE ENTITY WITH
L.A P.O. BOX 50007 - PASADENA,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 91115	95-1691013	501(C)(3)	0.	17,416.	VALUE	VARIOUS GOODS	HOMELESS.
ACCESS CENTER PATH							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	17,394.	VALUE	VARIOUS GOODS	HOMELESS.
UD AVOUTEN THE PROPERTY OF THE							TO AGGET THE THE THE COMMENT
UP4YOUTH EXTRAORDINARY FAMILIES					DATE MARKET		TO ASSIST THE ENTITY WITH
221 NORTH ARDMORE AVE	05 4440220	E01/G)/2)		17 200	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90004	95-4440220	DUI(C)(3)	0.	17,392.	VALUE	VARIOUS GOODS	HOMELESS.
RAINBOW SERVICES LTD.							TO ASSIST THE ENTITY WITH
453 W. 7TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	95-3855705	501(C)(3)	0.	17,246.		VARIOUS GOODS	HOMELESS.
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					appraisal, other)		
CENTURY VILLAGES AT CABRILLO							TO ASSIST THE ENTITY WITH
2001 RIVER AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90810	95-4646521	501(C)(3)	0.	17,126.		VARIOUS GOODS	HOMELESS.
•				,			
LONG BEACH MULTI SERVICE CENTER							TO ASSIST THE ENTITY WITH
LONG BEACH CARES - 1301 WEST 12TH					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - LONG BEACH, CA 90813	95-6000733	501(C)(3)	0.	16,911.	VALUE	VARIOUS GOODS	HOMELESS.
MENLO FAMILY CENTER KOREATOWN							
YOUTH & COMMUNITY CENTER - 1230 S.							TO ASSIST THE ENTITY WITH
MENLO AVE., SUITE 100 - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90005	95-3779389	501(C)(3)	0.	16,858.	VALUE	VARIOUS GOODS	HOMELESS.
LIVE AGAIN RECOVERY HOMES					L		TO ASSIST THE ENTITY WITH
38215 N. SAN FRANCISQUITO CYN. RD.	05 4052550	501/91/21		16 600	FAIR MARKET		RESOURCES TO SUPPORT THE
SAUGUS, CA 91390	95-4053779	501(C)(3)	0.	16,602.	VALUE	VARIOUS GOODS	HOMELESS.
BLUE BUTTERFLY VILLAGE VOLUNTEERS							TO ASSIST THE ENTITY WITH
OF AMERICA - 1556 W. PALOS VERDES					FAIR MARKET		RESOURCES TO SUPPORT THE
DRIVE NORTH - SAN PEDRO, CA 90710	95-1691330	501(C)(3)	0.	16,449.		VARIOUS GOODS	HOMELESS.
JFS•HOPE JEWISH FAMILY SERVICES OF							TO ASSIST THE ENTITY WITH
LOS ANGELES - 827 S. GRAMERCY					FAIR MARKET		RESOURCES TO SUPPORT THE
PLACE - LOS ANGELES, CA 90005	95-0691013	501(C)(3)	0.	16,072.	VALUE	VARIOUS GOODS	HOMELESS.
MENTAL HEALTH AMERICA							TO ASSIST THE ENTITY WITH
456 ELM AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90802	95-1881491	501(C)(3)	0.	16,032.	VALUE	VARIOUS GOODS	HOMELESS.
DAMINIANG TO HOME WOLVERING OF							TO AGGICAL MILE ENTERNY
PATHWAYS TO HOME VOLUNTEERS OF					EATD MADVES		TO ASSIST THE ENTITY WITH
AMERICA - 3600 WILSHIRE BLVD,	95-1691330	501 (C) (3)	0.	15 106	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE HOMELESS.
SUITE 1500 - LOS ANGELES, CA 90017	33-1031330	DOT(C)(2)	1	15,486.	AVTOR	AWIOOP GOODS	поменево.
HOUSE OF RUTH, CLAREMONT							TO ASSIST THE ENTITY WITH
P.O. BOX 459					FAIR MARKET		RESOURCES TO SUPPORT THE
CLAREMONT, CA 91711	95-3276033	501(C)(3)	0.	15,306.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	nedule I (Form 990), Pa	art II.)	Tuge 1
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MUE CIVING CDIDIM							TO ACCION MUR PANTINY WITHU
THE GIVING SPIRIT					FAIR MARKET		TO ASSIST THE ENTITY WITH
11908 MONTANA AVENUE #205	61 1405101	E01/G)/3)		14 000		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90049	61-1405121	501(0)(3)	0.	14,999.	VALUE	VARIOUS GOODS	HOMELESS.
GATEWAYS HOSPITAL & MENTAL HEALTH							TO ASSIST THE ENTITY WITH
CENTER - 444 N. HOOVER STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-1691011	501/01/31	0.	14,842.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90004	95-1691011	501(C)(3)	0.	14,042.	VALUE	VARIOUS GOODS	HOMELESS.
LINC HOUSING CORPORATION							TO ASSIST THE ENTITY WITH
					FAIR MARKET		RESOURCES TO SUPPORT THE
555 OCEAN BLVD., SUITE 900	33-0578620	E01/G\/2\	0.	14 704		VARIOUS GOODS	HOMELESS.
LONG BEACH, CA 90802	33-0378020	501(C)(3)	0.	14,704.	VALUE	VARIOUS GOODS	HOMELESS.
CASA YOUTH SHELTER							TO ASSIST THE ENTITY WITH
10911 REAGAN STREET					FAIR MARKET		
	05 2219061	E01/G)/3)		14 505		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ALAMITOS, CA 90720	95-3218061	501(0)(3)	0.	14,525.	VALUE	VARIOUS GOODS	HOMELESS.
PROYECTO PASTORAL							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
171 S. GLESS STREET	05 2212050	E01/G)/3)	0.	14 200		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3213958	501(0)(3)	0.	14,380.	VALUE	VARIOUS GOODS	HOMELESS.
GOOD SHEPHERD CENTER FOR HOMELESS							MO AGGICE MUE ENMINY WIND
WOMEN CATHOLIC CHARITIES OF LOS							TO ASSIST THE ENTITY WITH
ANGELES - 1671 BEVERLY BLVD - LOS	05 1600053	E01/G)/2)		44 245	FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90026	95-1690973	501(C)(3)	0.	14,317.	VALUE	VARIOUS GOODS	HOMELESS.
CRAMEROV HOUGING CROUD							MO ACCIOM MUE ENMINY WIMI
GRAMERCY HOUSING GROUP					HATD MADKED		TO ASSIST THE ENTITY WITH
1824 4TH AVENUE	05 4206061	E01/G)/2)		14 050	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90019	95-4396861	D01(C)(3)	0.	14,052.	VALUE	VARIOUS GOODS	HOMELESS.
ST. MARGARET'S CENTER CATHOLIC							MO AGGIGE MUE THEFT WATER
CHARITIES OF LOS ANGELES - 10217					EATE WAR		TO ASSIST THE ENTITY WITH
INGLEWOOD AVENUE - LENNOX, CA	05.46006=0	504 (5) (0)		40.555	FAIR MARKET		RESOURCES TO SUPPORT THE
90304	95-1690973	501(C)(3)	0.	13,833.	VALUE	VARIOUS GOODS	HOMELESS.
LIER ENDIGHMENT MODI PHIDE							MO AGGIGE MUE THEFT WATER
LIFE ENRICHMENT WORLDWIDE					EATE WAR		TO ASSIST THE ENTITY WITH
MINISTRIES - 823 W. MANCHESTER	0.0000000000000000000000000000000000000	E01 (a) (a)		10 -6-	FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LOS ANGELES, CA 90044	27-0955733	pnr(G)(3)	0.	13,765.	VALUE	VARIOUS GOODS	HOMELESS.

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CASA PACIFICA CENTERS FOR CHILDREN							TO ASSIST THE ENTITY WITH
AND FAMILIES - 1722 S. LEWIS ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
	77 0105022	E01/G\/2\		12 7/2		WARTOUG GOODG	
- CAMARILLO, CA 93012	77-0195022	501(C)(3)	0.	13,743.	VALUE	VARIOUS GOODS	HOMELESS.
LUTHERAN SOCIAL SERVICES							TO ASSIST THE ENTITY WITH
21430 STRATHERN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-2225798	501/01/31	0.	13,561.		VARIOUS GOODS	HOMELESS.
CANOGA PARK, CA 91401	95-2225796	501(C)(3)	0.	13,561.	VALUE	VARIOUS GOODS	NOMELESS.
FREEHAB THE TEEN PROJECT, INC.							TO ASSIST THE ENTITY WITH
8140 SUNLAND BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
	30-0421837	E01/G\/2\	0.	13,494.		VARIOUS GOODS	
SUN VALLEY, CA 91352 HOLIDAY TOY GIVEAWAY AND HEALTH	30-0421637	501(C)(3)	٠.	13,494.	VALUE	VARIOUS GOODS	HOMELESS.
							TO AGGICE THE TAMETER WITHIN
FAIR TO HELP EVERYONE HEALTH AND							TO ASSIST THE ENTITY WITH
WELLNESS CENTER - 714 OLYMPIC					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD, SUITE 1106 - LOS ANGELES, CA	23-7351622	501(C)(3)	0.	13,295.	VALUE	VARIOUS GOODS	HOMELESS.
WOME AND LACE CONSTRUCTOR DEVELOPMENT							TO AGGICE THE THEFT
HOME AT LAST COMMUNITY DEVELOPMENT					L		TO ASSIST THE ENTITY WITH
CORPORATION - 2514 W. VERNON					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LOS ANGELES, CA 90008	47-0902546	501(C)(3)	0.	13,181.	VALUE	VARIOUS GOODS	HOMELESS.
DDO TEGE 100 GDEGTAL GEDVIGEG BOD							TO AGGICE THE TAMETER WITHIN
PROJECT 180 SPECIAL SERVICES FOR					DATE MARKET		TO ASSIST THE ENTITY WITH
GROUPS - 470 E 3RD STREET, SUITE C	05 4546044	504 (5) (0)		40.004	FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90013	95-1716914	501(C)(3)	0.	13,004.	VALUE	VARIOUS GOODS	HOMELESS.
ALTAMED							TO ASSIST THE ENTITY WITH
					FAIR MARKET		RESOURCES TO SUPPORT THE
512 S. INDIANA STREET	05 2010005	E01/G)/2)		11 024		WARTOUG GOODG	
LOS ANGELES, CA 90068	95-2810095	501(C)(3)	0.	11,934.	VALUE	VARIOUS GOODS	HOMELESS.
SAN GABRIEL VALLEY CENTER							
CALIFORNIA HISPANIC COMMISSION =							TO ASSIST THE ENTITY WITH
11046 VALLEY MALL - EL MONTE, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91731	94-2301551	501(C)(3)	0.	11,827.	VALUE	VARIOUS GOODS	HOMELESS.
HODE WILL INC							MO ACCION MUD ENMINY MINT
HOPE MILL, INC.					EATD MADWEE		TO ASSIST THE ENTITY WITH
16133 VENTURA BLVD., SUITE 650	00 0100464	E01/G)/2)		11 660	FAIR MARKET	WARTONG GOODS	RESOURCES TO SUPPORT THE
ENCINO, CA 91436	80-0188464	DOT(C)(3)	0.	11,660.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	Tago T
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OPERATION SCHOOL BELL ASSISTANCE LEAGUE OF LOS ANGELES - 826 COLE AVENUE - LOS ANGELES, CA 90038	95-1641960	501(C)(3)	0.	11,340.	FAIR MARKET	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SEPULVEDA I AND II NEW DIRECTIONS FOR VETERANS - 1611 PLUMMER ST. VA BLDG 4 - NORTH HILLS, CA 91343	95-4242745		0.	11,307.	FAIR MARKET	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
COMMON GROUND VENICE FAMILY CLINIC 2401 LINCOLN BLVD. SANTA MONICA, CA 90405	95-2769432	501(C)(3)	0.	11,268.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ST. VINCENT'S CARDINAL MANNING CENTER - 231 WINSTON STREET - LOS ANGELES, CA 90013	95-1644622	501(C)(3)	0.	11,239.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LOS ANGELES COUNTY ALLIANCE OF BOYS & GIRLS CLUBS - 3939 ATLANTIC AVENUE, SUITE 215 - LONG BEACH, CA 90807	13-5562976	501(C)(3)	0.	11,039.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HILLVIEW MENTAL HEALTH CTR. 12450 VAN NUYS BLVD. #200 PACOIMA, CA 91331	95-3928411	501(C)(3)	0.	10,452.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ENHANCED SERVICES PROGRAM JWCH INSTITUTE, INC 5650 JILLSON STREET - COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	10,439.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SUNRISE VILLAGE EMERGENCY SHELTER YWCA OF GLENDALE - P.O BOX 41786 - LOS ANGELES, CA 90041	95-1644057	501(C)(3)	0.	10,401.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LA CAN/DWAC CANGRESS 530 S. MAIN STREET LOS ANGELES, CA 90013	02-0661629	501(C)(3)	0.	10,298.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	- Fage
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HOUSE OF MERCY							TO ASSIST THE ENTITY WITH
812 N ALVARADO ST					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-4102800	501(C)(3)	0.	9,897.		VARIOUS GOODS	HOMELESS.
				,,,,,,,			
ACCESS CENTER OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	9,558.	VALUE	VARIOUS GOODS	HOMELESS.
FRIENDS IN DEED ECUMENICAL COUNCIL							TO ASSIST THE ENTITY WITH
OF PASADENA AREA CHURCHES - P.O.					FAIR MARKET		RESOURCES TO SUPPORT THE
BOX 41125 - PASADENA, CA 91114	95-1644608	501(C)(3)	0.	9,515.	VALUE	VARIOUS GOODS	HOMELESS.
CRISIS/BRIDGE HOUSING NEW							
DIRECTION COMMUNITY PROGRAMS -							TO ASSIST THE ENTITY WITH
8124 SOUTH WESTERN AVE - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90047	95-4443705	501(C)(3)	0.	9,509.	VALUE	VARIOUS GOODS	HOMELESS.
WHITTIER CORPS SOCIAL SERVICES THE							TO ASSIST THE ENTITY WITH
SALVATION ARMY - P.O. BOX 954 -					FAIR MARKET		RESOURCES TO SUPPORT THE
WHITTIER, CA 90608	94-1156347	501(C)(3)	0.	9,349.	VALUE	VARIOUS GOODS	HOMELESS.
							L
A NEW WAY OF LIFE							TO ASSIST THE ENTITY WITH
P. O. BOX 875288					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90002	95-4782503	501(C)(3)	0.	9,339.	VALUE	VARIOUS GOODS	HOMELESS.
WHITTIER AREA FIRST DAY COALITION							MO ACCION MUR PANTINY WIND
					FAIR MARKET		TO ASSIST THE ENTITY WITH
12426 WHITTIER BLVD, 2ND FLOOR	02 1141044	E01/G)/2)		0.000		WARTONG GOODG	RESOURCES TO SUPPORT THE
WHITTIER, CA 90602	93-1141844	501(C)(3)	0.	9,268.	VALUE	VARIOUS GOODS	HOMELESS.
WORKING DREAMS							TO ASSIST THE ENTITY WITH
118 S. BEVERLY DRIVE, STE. 222					FAIR MARKET		RESOURCES TO SUPPORT THE
BEVERLY HILLS, CA 90212	45-1208361	501(C)(3)	0.	9,250.		VARIOUS GOODS	HOMELESS.
	13 1200301		· .	5,230.			
LOS ANGELES TEAM MENTORING							TO ASSIST THE ENTITY WITH
714 W. OLYMPIC BLVD., STE. 640					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-4443617	E01/G\/3\	0.	8,951.		VARIOUS GOODS	HOMELESS.

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U.S. VETERANS INITIATIVE							TO ASSIST THE ENTITY WITH
733 S. HINDRY AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
INGLEWOOD, CA 90301	95-4382752	501(C)(3)	0.	8,700.		VARIOUS GOODS	HOMELESS.
INGHEWOOD, CA 70301	JJ 4302732	501(0)(3)	· · ·	0,700.	VALOE	VARIOUS GOODS	HOMEHESS:
HOPE THROUGH HOUSING FOUNDATION							TO ASSIST THE ENTITY WITH
9421 HAVEN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
RANCHO CUCAMONGA, CA 91730	33-0802554	501(C)(3)	0.	8,678.		VARIOUS GOODS	HOMELESS.
			1	,,,,,,,			•
LAS FAMILIAS DEL PUEBLO							TO ASSIST THE ENTITY WITH
307 E. 7TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90014	95-3660735	501(C)(3)	0.	8,544.		VARIOUS GOODS	HOMELESS.
YOUTH CENTER ON HIGHLAND LOS				, -			
ANGELES LGBT CENTER - 1220 N.							TO ASSIST THE ENTITY WITH
HIGHLAND AVE LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90038	95-3567895	501(C)(3)	0.	8,418.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
GOOD+ FOUNDATION							TO ASSIST THE ENTITY WITH
4005 W. JEFFERSON BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90016	31-1777082	501(C)(3)	0.	8,181.	VALUE	VARIOUS GOODS	HOMELESS.
CENTRAL CITY ACTION COMMITTEE							TO ASSIST THE ENTITY WITH
534 N. EAST EDGEWARE ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	23-7363312	501(C)(3)	0.	8,057.	VALUE	VARIOUS GOODS	HOMELESS.
ETTIE LEE YOUTH & FAMILY SERVICES							TO ASSIST THE ENTITY WITH
5146 N. MAINE AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
BALDWIN PARK, CA 91706	95-1949862	501(C)(3)	0.	7,676.	VALUE	VARIOUS GOODS	HOMELESS.
ANGEL STEP IN SOUTHERN CALIFORNIA							TO ASSIST THE ENTITY WITH
ALCOHOL & DRUG PROGRAMS - 11500					FAIR MARKET		RESOURCES TO SUPPORT THE
PARAMOUNT BLVD DOWNEY, CA 90241	23-7228780	501(C)(3)	0.	7,463.	VALUE	VARIOUS GOODS	HOMELESS.
DOWNTOWN DROP IN CENTER VOLUNTEERS							MO ACCION THE PARTY WITH
OF AMERICA - 628 S. SAN JULIAN					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
	95-1691330	501(C)(3)	0.	7 150		VARIOUS GOODS	HOMELESS.
STREET - LOS ANGELES, CA 90014	32-1031330	POT(C)(3)	1 0.	7,458.	AVIOU	ATTOOD GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	- Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSPEL MISSIONS OF AMERICA P.O. BOX 8473 ROWLAND HEIGHTS, CA 91748	95-4828635	501(C)(3)	0.	7,291.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
B.R.I.D.G.E.S., INC. 1977 GAREY AVENUE, STE. 6 POMONA, CA 91767	95-3077722	501(C)(3)	0.	7,265.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LITTLE TOKYO SERVICE CENTER, INC. 231 E. THIRD STREET G106 LOS ANGELES, CA 90013	95-4444102	501(C)(3)	0.	6,850.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HILLSIDES 940 AVENUE 64 PASADENA, CA 91105	95-1644002	501(C)(3)	0.	6,500.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
WINGS YWCA SAN GABRIEL VALLEY 943 N. GRAND AVENUE COVINA, CA 91724	95-1641967	501(C)(3)	0.	6,141.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE WAY IN THE SALVATION ARMY 5939 HOLLYWOOD BLVD. LOS ANGELES, CA 90028	94-1156347	501(C)(3)	0.	6,096.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SAFE HAVEN OPCC 1453 16TH STRET SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	6,067.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SAFE HAVEN THE PEOPLE CONCERN 1453 16TH STRET SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	5,621.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HARVEST HOME 2118 WILSHIRE BLVD, PMB 358 SANTA MONICA, CA 90403	95-4079490	501(C)(3)	0.	5,559.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	Tuge 1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL CITY NEIGHBORHOOD PARTNERS							TO ASSIST THE ENTITY WITH
501 S. BIXEL STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90017	95-4837709	501(C)(3)	0.	5,201 <b>.</b>		VARIOUS GOODS	HOMELESS.
not include, on your	33 4037703	301(0)(3)	· ·	3,201.	V111011	VIRCIOUD GOODD	HOMBERS.
OLIVE CREST							TO ASSIST THE ENTITY WITH
17800 WOODRUFF AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	5,189.	VALUE	VARIOUS GOODS	HOMELESS.
•				,			
KEEP YOUTH DOING SOMETHING							TO ASSIST THE ENTITY WITH
7026 SOPHIA AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
VAN NUYS, CA 91406	95-4426350	501(C)(3)	0.	5,051.	VALUE	VARIOUS GOODS	HOMELESS.
CHILD & FAMILY CENTER							TO ASSIST THE ENTITY WITH
21545 CENTE POINTE PKWY					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA CLARITA, CA 91350	95-3941342	501(C)(3)	0.	4,891.	VALUE	VARIOUS GOODS	HOMELESS.
OPERATION LOVE MINISTRIES, INC.							TO ASSIST THE ENTITY WITH
7811 SOUTH WESTERN AVENUE			_		FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90047	47-0953408	501(C)(3)	0.	4,750.	VALUE	VARIOUS GOODS	HOMELESS.
DUDDANIZ DUNGALOUG NEW DIDEGETONG							TO AGGICE THE ENTITY WITH
BURBANK BUNGALOWS NEW DIRECTIONS					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
INC 1101 W. VERDUGO AVE	95-4242745	E01/G\/3\	0.	1 677		VARIOUS GOODS	HOMELESS.
BURBANK, CA 91506	95-4242745	501(C)(3)	0.	4,677.	VALUE	VARIOUS GOODS	NOMELESS.
EMERGENCY HOUSING PROGRAM ASCENCIA							TO ASSIST THE ENTITY WITH
1851 TYBURN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
GLENDALE, CA 91204	20-4233822	501(C)(3)	0.	4,676.		VARIOUS GOODS	HOMELESS.
				-,			
SAMOSHEL OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	4,434.	VALUE	VARIOUS GOODS	HOMELESS.
EISNER HEALTH							TO ASSIST THE ENTITY WITH
1530 OLIVE STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-1690966	501(C)(3)	0.	4,409.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa		- Page I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES TRADE TECHNICAL							TO ASSIST THE ENTITY WITH
COLLEGE - 400 W. WASHINGTON BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90015	95-3813527	501(C)(3)	0.	4,349.	VALUE	VARIOUS GOODS	HOMELESS.
THE NEW YOU CENTER, INC.							TO ASSIST THE ENTITY WITH
1030 W. FLORENCE AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90044	14-1992560	501(C)(3)	0.	3,958.	VALUE	VARIOUS GOODS	HOMELESS.
ELIZABETH HOUSE							TO ASSIST THE ENTITY WITH
760 SANTA BARBARA STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91101	95-4451243	501(C)(3)	0.	3,909.	VALUE	VARIOUS GOODS	HOMELESS.
GUY GABALDON APARTMENTS NEW							TO ASSIST THE ENTITY WITH
DIRECTIONS INC 13553 DESWICK					FAIR MARKET		RESOURCES TO SUPPORT THE
STREET - LOS ANGELES, CA 90023	95-4242745	501(C)(3)	0.	3,853.		VARIOUS GOODS	HOMELESS.
TURNING POINT OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	3,734.		VARIOUS GOODS	HOMELESS.
BEACON LIGHT MISSION SOUTHERN	33 0113003	301(0)(3)		3,731.	VIIIOE	VIACIOUS GGGSS	THOMESON.
CALIFORNIA FLOATING CHRISTIAN							TO ASSIST THE ENTITY WITH
ENDEAVOR ASSN 525 N. BROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - WILMINGTON, CA 90744	95-1661697	501(C)(3)	0.	3,732.	VALUE	VARIOUS GOODS	HOMELESS.
DAYBREAK OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	3,625.	VALUE	VARIOUS GOODS	HOMELESS.
SENIOR SERVICES LOS ANGELES LGBT							TO ASSIST THE ENTITY WITH
CENTER - 1125 N. MCCADDEN PLACE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90038	95-3567895	501(C)(3)	0.	3,536.	VALUE	VARIOUS GOODS	HOMELESS.
OBA FOUNDATION							TO ASSIST THE ENTITY WITH
1130 S. VERMONT AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90006	26-3898882	501(C)(3)	0.	3,506.		VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOLLYWOOD WINTER REFUGE FIRST							
PRESBYTERIAN CHURCH OF HOLLYWOOD -							TO ASSIST THE ENTITY WITH
6054 YUCCA STREET - LOS ANGELES,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 90028	95-1652908	501(C)(3)	0.	3,233.	VALUE	VARIOUS GOODS	HOMELESS.
DOMESTIC VIOLENCE CENTER OF SANTA							TO ASSIST THE ENTITY WITH
CLARITA VALLEY - PO BOX 220037 -					FAIR MARKET		RESOURCES TO SUPPORT THE
NEWHALL, CA 91322	68-0017331	501(C)(3)	0.	3 202	VALUE	VARIOUS GOODS	HOMELESS.
	00 0017001		1	0,202.			
HOPE HARBOR CENTER THE SALVATION							TO ASSIST THE ENTITY WITH
ARMY - 3107 S. GRAND AVENUE - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90007	95-1656360	501(C)(3)	0.	2,845.	, VALUE	VARIOUS GOODS	HOMELESS.
·				·			
LOS ANGELES YOUTH NETWORK							TO ASSIST THE ENTITY WITH
7033 W SUNSET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90028	95-3953979	501(C)(3)	0.	2,804.	. VALUE	VARIOUS GOODS	HOMELESS.
MISSION FOR ONENESS SANT NIRANKARI							TO ASSIST THE ENTITY WITH
MISSION - 13906 SAN ANTONIO DRIVE					FAIR MARKET		RESOURCES TO SUPPORT THE
- NORWALK, CA 90650	36-2826722	501(C)(3)	0.	2,699.	. VALUE	VARIOUS GOODS	HOMELESS.
							L
CLARE FOUNDATION					L		TO ASSIST THE ENTITY WITH
909 PICO BOULEVARD	00 5056466	504 ( 5 ) ( 0 )			FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90405	23-7076166	501(C)(3)	0.	2,614.	VALUE	VARIOUS GOODS	HOMELESS.
COVENANT HOUSE							TO ASSIST THE ENTITY WITH
1325 N. WESTERN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
HOLLYWOOD, CA 90027	13-3391210	501 (C) (3)	0.	2 566	VALUE	VARIOUS GOODS	HOMELESS.
TOTAL	13 3331210	501(0)(3)	· ·	2,300.	VILLOL	VIRCIOUD GOODS	l l
TRINITY YOUTH SERVICES							TO ASSIST THE ENTITY WITH
P.O. BOX 1210					FAIR MARKET		RESOURCES TO SUPPORT THE
COLTON, CA 92324	95-2480624	501(C)(3)	0.	2,552.	VALUE	VARIOUS GOODS	HOMELESS.
.,			1				
SOJOURN SERVICES OPCC							TO ASSIST THE ENTITY WITH
1453 16TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA MONICA, CA 90404	95-6143865	501(C)(3)	0.	2,547.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	73 3370214 Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDRIA HOUSE							TO ASSIST THE ENTITY WITH
426 S. ALEXANDRIA AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90020	95-4809755	501(C)(3)	0.	2,210.		VARIOUS GOODS	HOMELESS.
GROWGOOD INC.							TO ASSIST THE ENTITY WITH
5600 MANSFIELD WAY					FAIR MARKET		RESOURCES TO SUPPORT THE
BELL, CA 90201	45-5472840	501(C)(3)	0.	2,183.		VARIOUS GOODS	HOMELESS.
WAR OF MALE AND ADD A GOVERN							TO AGGIOT THE THEFT HERE
YWCA OF THE HARBOR AREA & SOUTH					EATD MADKED		TO ASSIST THE ENTITY WITH
BAY - 437 WEST 9TH STREET - SAN	95-1691337	E01/G)/3)	0.	2 104	FAIR MARKET	WARTOUG GOODG	RESOURCES TO SUPPORT THE
PEDRO, CA 90731	95-1691337	501(0)(3)	0.	2,104.	VALUE	VARIOUS GOODS	HOMELESS.
SANCTUARY OF HOPE							TO ASSIST THE ENTITY WITH
4003 ADAMS BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90018	27-3273118	501(C)(3)	0.	1,917.	VALUE	VARIOUS GOODS	HOMELESS.
MY FRIEND'S PLACE							TO ASSIST THE ENTITY WITH
P.O. BOX 3867					FAIR MARKET		RESOURCES TO SUPPORT THE
HOLLYWOOD, CA 90078	95-4242745	501(C)(3)	0.	1,638.		VARIOUS GOODS	HOMELESS.
VETERAN VILLAGE OF GLENDALE NEW							TO ASSIST THE ENTITY WITH
DIRECTIONS INC 331 SALEM STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
- GLENDALE, CA 91203	95-4242745	501(C)(3)	0.	1,455.	VALUE	VARIOUS GOODS	HOMELESS.
SOUTH COUNTY PATH							TO ASSIST THE ENTITY WITH
455 EAST ARTESIA BLVD., SUITE 200					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90805	95-3950196	501(C)(3)	0.	1,386.		VARIOUS GOODS	HOMELESS.
MY DIDGE DIAGO DIDGE TO							TO AGGICAL MAIL THAT THE TOTAL TOTAL
MY FIRST PLACE FIRST PLACE FOR					EATD MADKED		TO ASSIST THE ENTITY WITH
YOUTH - 3530 WILSHIRE BLVD., SUITE	04 2241024	E01/G\/3\	0.	1 240	FAIR MARKET	WARTOUG GOODG	RESOURCES TO SUPPORT THE
600 - LOS ANGELES, CA 90010	94-3341034	DOT(C)(3)	0.	1,348.	VALUE	VARIOUS GOODS	HOMELESS.
DOWNTOWN DOG RESCUE							TO ASSIST THE ENTITY WITH
10941 GARFIELD PLACE					FAIR MARKET		RESOURCES TO SUPPORT THE
SOUTH GATE, CA 90280	46-1958507	501(C)(3)	0.	1,281.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUDDANIK MEMBODADIK ATD GENMED							TO AGGET THE THE THE WITH
BURBANK TEMPORARY AID CENTER 1304 WEST BURBANK BLVD.					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
BURBANK, CA 91506	95-3309130	501(C)(3)	0.	1,176.		VARIOUS GOODS	HOMELESS.
BORDINK, CH 91300	33 3303130	301(0)(3)	· · ·	1,170.	V11101	VIRCIOUS GOODS	INCHEDIOS:
DOOR OF HOPE							TO ASSIST THE ENTITY WITH
P.O. BOX 90455					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91109	95-4044568	501(C)(3)	0.	1,006.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
SAN FERNANDO VALLEY RESCUE MISSION							TO ASSIST THE ENTITY WITH
8714 DARBY AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTHRIDGE, CA 91325	23-7278002	501(C)(3)	0.	973.	VALUE	VARIOUS GOODS	HOMELESS.
FOSTERING A CHANGE							TO ASSIST THE ENTITY WITH
16161 VENTURA BLVD. #C858					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 91342	46-3910466	501(C)(3)	0.	777.	VALUE	VARIOUS GOODS	HOMELESS.
744 0744							
DHS OPCC					DATE MARKET		TO ASSIST THE ENTITY WITH
1751 CLOVERFIELD BLVD, 2ND FLOOR	95-6143865	E01/G)/3)	0.	605	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90404	95-0143005	501(C)(3)	0.	003.	VALUE	VARIOUS GOODS	HOMELESS.

RT I, LINE 2:	(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
RT I, LINE 2:						
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  PLICATION REVIEW, SITE VISITS AS APPROPRIATE.						
RT I, LINE 2:	art IV Supplemental Information. Provide the information	I tion required in Part I, lin	e 2; Part III, columi	 n (b); and any other ac	l Iditional information.	
				•		
		S AS APPROPRI	ATE.			
	·					

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

SHELTER PARTNERSHIP, INC. Employer identification number 95-3976214

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de			
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii continbu	lion ai	nounts	•
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		8,945,704.	FAIR MARKET	VA]	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X		9,494.	FAIR MARKET	VA]	UE	
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							
26	Other							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	jement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is ched	cked,			
	describe in Part II.							

Schedule M	/I (Form 990) 2017	SHELTER	PARTNERSHIP,	INC.	95-3976214	Page 2
Part II	Supplemental is reporting in Par this part for any a	Information.	Provide the information e number of contribution	required by Part I, lines 30 s, the number of items rece	b, 32b, and 33, and whether the organization ived, or a combination of both. Also completed	on ete

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# 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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SHELTER PARTNERSHIP, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**Employer identification number** 95-3976214

MATERIALS ASSISTANCE DURING OUR MOST RECENT FISCAL YEAR, THE S. MARK TAPER FOUNDATION SHELTER RESOURCE BANK SECURED \$9.1 MILLION IN NEW PRODUCTS FROM 55 DONORS, BRINGING THE TOTAL NUMBER OF PRODUCT DONORS TO 752. WE DISTRIBUTED \$9.5 MILLION IN NEW PRODUCTS, AT NO CHARGE TO 256 AGENCIES/PROJECTS SERVING THE PEOPLE EXPERIENCING HOMELESS, FOSTER YOUTH, AND HOUSEHOLDS LIVING IN POVERTY IN LOS ANGELES COUNTY. THIS INCLUDES 24 AGENCIES/PROJECTS THAT WERE NEW TO US. GOODS INCLUDED NEW CLOTHING, SHOES, UNDERWEAR AND SOCKS TO MEN, WOMEN, CHILDREN, TODDLERS AND BABIES; PERSONAL CARE PRODUCTS AND TOILETRIES; CLEANING SUPPLIES, SUCH AS BLEACH, DISHWASHER DETERGENT, AND LAUNDRY SOAP; HOUSEHOLD GOODS; PAPER PRODUCTS, INCLUDING TOILET PAPER AND DIAPERS; BED FRAMES, MATTRESSES; COMFORTERS, AND BLANKETS; TOYS AND ARTS AND CRAFTS KITS; FURNISHING ITEMS FOR TODDLERS AND BABIES INCLUDING STROLLERS AND HIGH-CHAIRS; AND SO MUCH MORE. THESE ITEMS ASSIST THE AGENCIES IN MANAGING THEIR OPERATING COSTS AND IMPROVE THE QUALITY OF LIFE FOR PEOPLE EXPERIENCING HOMELESSNESS, CHILDREN IN FOSTER CARE, AND HOUSEHOLDS EXPERIENCING POVERTY. SINCE THE PROJECT'S INCEPTION IN 1989, OVER \$233 MILLION IN PRODUCTS HAVE BEEN DISTRIBUTED. SHELTER PARTNERSHIP RAISED FUNDING TO MAKE SUBSTANTIAL IMPROVEMENTS IN THE WAREHOUSE INCLUDING REDOING THE GUTTER SYSTEM AND OUTSIDE LIGHTING, AND PROVIDING REINFORCEMENTS TO THE PALLET RACKS.

Name of the organization SHELTER PARTNERSHIP, INC. Employer identification number 95-3976214

## PUBLIC POLICY/TECHNICAL ASSISTANCE

SHELTER PARTNERSHIP'S EXPERTISE AND GUIDANCE TO PUBLIC AGENCIES AND

NON-PROFIT PROVIDERS RESULTS IN SIGNIFICANT IMPROVEMENTS TO THE DESIGN

OF SYSTEMS OF CARE AND IMPLEMENTATION OF REGIONAL PROGRAMS SERVING

HOUSEHOLDS WHO EXPERIENCE HOMELESSNESS OR ARE AT-RISK OF HOMELESSNESS.

THIS INCLUDES HOMELESS INDIVIDUALS WITH SPECIAL NEEDS AND DISABILITIES

(INCLUDING PERSONS WHO HAVE A MENTAL ILLNESS, PERSONS WITH SUBSTANCE

USE DISORDERS, PERSONS LIVING WITH HIV/AIDS, OLDER ADULTS, PERSONS

WITH CHRONIC PHYSICAL ILLNESSES), AND HOMELESS FAMILIES, WHICH INCLUDE

TRANSITIONAL AGE YOUTH WITH YOUNG CHILDREN AND VICTIMS OF DOMESTIC

VIOLENCE.

SHELTER PARTNERSHIP PROVIDED CRITICAL ASSISTANCE TO THE LOS ANGELES

HOMELESS SERVICES AUTHORITY (LAHSA) IN PLANNING AND PREPARING THE LOS

ANGELES CONTINUUM OF CARE CONSOLIDATED APPLICATION, THROUGH WHICH LAHSA

RECEIVED \$109,398,295 FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN

DEVELOPMENT (HUD) TO FUND PERMANENT SUPPORTIVE HOUSING, RAPID

REHOUSING, TRANSITIONAL HOUSING, AND SUPPORTIVE SERVICES FOR THE

HOMELESS THROUGHOUT THE COUNTY AND THE CITY OF LOS ANGELES.

WE ASSISTED LAHSA AND THE COUNTY OF LOS ANGELES' CEO'S OFFICE TO

IMPLEMENT A COORDINATED AND COMMUNITY-BASED SYSTEM TO PROVIDE TARGETED

RAPID REHOUSING AND HOUSING STABILITY SERVICES FOR HOMELESS AND AT-RISK

FAMILIES. THE CES FOR FAMILIES SYSTEM ASSISTED OVER 2,000 FAMILIES TO

MOVE INTO PERMANENT HOUSING IN THE 2017-18 FISCAL YEAR.

**Employer identification number** Name of the organization 95-3976214 SHELTER PARTNERSHIP, INC. SHELTER PARTNERSHIP ASSISTED THE LOS ANGELES HOMELESS SERVICES AUTHORITY TO COMPLETE THEIR 2017 LA COUNTY GAPS ANALYSIS REPORT. THIS REPORT ILLUSTRATES THE STATE OF HOMELESSNESS IN LA COUNTY, THE REGION'S CURRENT INVENTORY OF CRISIS AND PERMANENT HOUSING, WHAT THE HOUSING INVENTORY SHOULD LOOK LIKE IN A "RIGHT-SIZED" SYSTEM, AND THE PRESENT GAPS IN THE SYSTEM. SHELTER PARTNERSHIP PROVIDED TECHNICAL ASSISTANCE TO AGENCIES AND SYSTEMS OF CARE FOR HOMELESS VETERANS, INCLUDING THE SUPPORTIVE SERVICES FOR VETERAN FAMILIES COLLABORATIVE, THE LA VETERANS COLLABORATIVE, AND THE UNITED WAY HOME FOR GOOD HOMELESS VETERANS LEADERSHIP TEAM. SHELTER PARTNERSHIP ALSO HELPED TO ORGANIZE REGIONAL ADVOCACY SURROUNDING FUNDING FOR VETERAN SERVICES, INCLUDING COORDINATING RELEVANT STAKEHOLDERS TO ADVOCATE THROUGH WRITTEN AND IN-PERSON TESTIMONY TO CONGRESS TO PROTECT CASE MANAGEMENT FUNDING FOR THE FEDERAL VASH PROGRAM VETERANS AFFAIRS SUPPORTIVE HOUSING RESULTING IN THE SUCCESSFUL REVERSAL OF A POLICY DECISION THAT WOULD HAVE JEOPARDIZED FUNDING FOR THESE CRITICAL SERVICES. SHELTER PARTNERSHIP ASSISTED THE CITIES OF CARSON AND INGLEWOOD TO DEVELOP PLANS TO PREVENT AND END HOMELESSNESS IN THEIR JURISDICTIONS. THESE PROCESSES INCLUDED CONDUCTING STAKEHOLDER INTERVIEWS, FORMULATING WORKGROUPS, FACILITATING WORKGROUP PLANNING SESSIONS, AND DRAFTING THE PLANS. SHELTER PARTNERSHIP HAS BEEN PLAYING A LEADERSHIP ROLE IN THE DEVELOPMENT AND ONGOING OPERATIONS OF THE LOS ANGELES AGING ADVOCACY COALITION POLICY ACTION TEAM (PAT), A COALITION OF SERVICE PROVIDERS,

Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. HOUSING DEVELOPERS, HEALTHCARE AGENCIES AND OTHER STAKEHOLDERS. THE PRIMARY GOAL OF THE PAT IS TO COLLECTIVELY IDENTIFY AND ADVOCATE FOR POLICY CHANGE THAT WILL IMPACT OLDER ADULTS WHO ARE HOMELESS OR AT-RISK OF HOMELESSNESS AND TO BRING A UNIFIED VOICE TO ADVOCATE FOR THE NEEDS OF OLDER ADULTS AT POLICY FORUMS ACROSS LA COUNTY. PAT MEMBERS ARE CURRENTLY WORKING CLOSELY WITH THE LA COUNTY OFFICE OF THE HOMELESS INITIATIVE AND OTHER KEY DEPARTMENTS TO DESIGN AND IMPLEMENT RECOMMENDATIONS FOR SERVICES AND HOUSING THAT ARE TARGETED TO OLDER ADULTS EXPERIENCING OR AT-RISK OF HOMELESSNESS. SHELTER PARTNERSHIP ADVISED THE LOS ANGELES HOUSING AND COMMUNITY INVESTMENT DEPARTMENT (HCIDLA) IN ITS ADMINISTRATION OF THE HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM INCLUDING PREPARING AN ASSESSMENT OF THE SYSTEM'S REGIONAL OFFICES. THESE OFFICES WERE CREATED AS PART OF THE PROGRAM DESIGN WE HELPED DEVELOP IN 2015. SINCE 1994, SHELTER PARTNERSHIP HAS ADMINISTERED THE SUPPORT FOR HOMELESS RE-ENTRY PROGRAM (SHORE) ON BEHALF OF THE CITY OF LOS ANGELES WITH RESOURCES FROM THE METROPOLITAN TRANSPORTATION AUTHORITY (METRO). THIS INNOVATIVE PROGRAM, WHICH WE CONCEPTUALIZED AND DEVELOPED WITH THE CITY TRANSPORTATION DEPARTMENT, CURRENTLY PROVIDES TRANSPORTATION TOKENS TO 18 COMMUNITY-BASED AGENCIES THROUGHOUT THE METROPOLITAN LOS ANGELES AREA THAT SERVE PERSONS EXPERIENCING HOMELESSNESS. DURING FISCAL YEAR 2017-18, 5,932 INDIVIDUALS WERE ASSISTED WITH 232,032 TOKENS AND NEARLY 11,677 "TAP CARDS" OR PASSES. THE TOKENS AND TAP CARDS WERE USED FOR JOBS, HOUSING, EDUCATION, BENEFITS, AS WELL AS

APPOINTMENTS FOR MEDICAL, MENTAL HEALTH, AND LEGAL NEEDS.

Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. SHELTER PARTNERSHIP CONTINUED WORKING ON THE UNITED WAY'S "HOME FOR GOOD INITIATIVE, " PARTICIPATING IN THE HOMELESS ANALYSIS COLLABORATIVE POLICY TEAM, "ADVOCATES UNITED" CALLS, AND THE COORDINATED ENTRY SYSTEM POPULATION INTEGRATION. SHELTER PARTNERSHIP REVIEWED SERVICE PLANS FOR PROPOSALS TO THE LOS ANGELES COUNTY COMMUNITY DEVELOPMENT COMMISSION'S AFFORDABLE RENTAL HOUSING PROGRAM AND THE STATE OF CALIFORNIA HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT'S MULTIFAMILY HOUSING PROGRAM (MHP) AND VETERANS HOUSING AND HOMELESS PREVENTION (VHHP) PROGRAM. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND BROUGHT TO THE FULL BOARD FOR APPROVAL BEFORE IT IS ELECTRONICALLY FILED. FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST THAT COULD GIVE RISE TO CONFLICTS. THIS PROCESS IS OVERSEEN AND ENFORCED BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 15: DETERMINATION OF COMPENSATION OF OFFICERS, DIRECTORS, MANAGEMENT AND KEY EMPLOYEES IS BASED ON A BOARD ASSESSMENT OF COMPARABLE COMPENSATION DATA BASED ON INDUSTRY INFORMATION. THIS REVIEW AND APPROVAL PROCESS IS DOCUMENTED CONTEMPORANEOUSLY AT THE TIME OF THE APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC VIEWING ON

Name of the organization SHELTER PARTNERSHIP, INC.	Employer identification number 95-3976214
WWW.GUIDESTAR.ORG AND ON SHELTER PARTNERSHIP, INC.'S WEBSI	TE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	EST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DONATED SRB COMPUTER SOFTWARE LIC FEES	6,343.
PART XII, LINE 2C	
THE AUDIT OVERSIGHT COMMITTEE HAS NOT CHANGED ITS PROCESS	SINCE THE
PRIOR YEAR.	
PART XI, LINE 9	
THE FOUNDATION IS REPORTING DONATED SRB COMPUTER SOFTWARE	LICENSE FEES
REVENUE RECEIVED OF \$12,686, OF WHICH \$6,343 IS EXPENSED A	ND \$6,343 IS
CAPITALIZED, FOR A NET OTHER CHANGE IN NET ASSETS OF \$6,34	3.