### EXTENDED TO MAY 17, 2021

(Rev. January 2020) 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.

Open to Public

OMB No. 1545-0047

ΑI	or the	2019 calendar year, or tax year beginning UL 1, 2019 and ending	JUN 30, 2020					
В	Check if applicable	C Name of organization	D Employer identif	ication number				
	Addres							
F	Name change		95-39762	14				
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/s						
F	Final return/	520 S. GRAND AVE., SUITE 695	· ·	213-688-2188				
	termin- ated		G Gross receipts \$	<b>G</b> Gross receipts \$ 27,451,511.				
	Amend		H(a) Is this a group r	H(a) Is this a group return				
	Application	F Name and address of principal officer: LANCE SIMON	for subordinates					
	pendin	520 S. GRAND AVE., STE 695, LOS ANGELES, CA	H(b) Are all subordinates i	ncluded? Yes No				
1	Гах-ехе	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	a list. (see instructions)				
		e: WWW.SHELTERPARTNERSHIP.ORG	H(c) Group exemption					
			/ear of formation: 1985  ı	M State of legal domicile: CA				
Pa	_	Summary						
a	1	Briefly describe the organization's mission or most significant activities: COLLABOR	ATIVELY SOLVI	NG				
S S	:	HOMELESSNESS IN LOS ANGELES COUNTY.						
Activities & Governance	2	Check this box   if the organization discontinued its operations or disposed of m						
Š	3		3	18				
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		18 13				
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		253				
Ę	6	Total number of volunteers (estimate if necessary)						
Ş	/a	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 39		0.				
_		Net unrelated business taxable income noni Form 990-1, line 39	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	14,628,256.	27,145,166.				
Jue	9	Program service revenue (Part VIII, line 2g)	235,597.	297,879.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,871.	4,212.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,868,724.	27,447,293.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,544,088.	15,507,218.				
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,122,057.	1,164,329.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
x	b	Total fundraising expenses (Part IX, column (D), line 25)   301,664.						
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,284,186.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,950,331.	17,555,962.				
	19	Revenue less expenses. Subtract line 18 from line 12	4,918,393.					
Net Assets or			Beginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)	26,536,494.	36,648,192.				
let A	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	120,667. 26,415,827.	341,034. 36,307,158.				
P	22 art II	Signature Block	20,413,027.	30,307,130.				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and helief it is				
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y kilowioago alia bolloi, it io				
	,	L Composition of property (which man of the property of the pr	arer mas any mis mis ager					
Sig	n	Signature of officer	Date					
Her		LANCE SIMON, CHAIR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check [	PTIN				
Paid	i	NAZ AFSHAR	05-07-2021 self-emplo					
Pre	parer	Firm's name GURSEY   SCHNEIDER LLP	Firm's EIN	95-3309779				
Use	Only	Firm's address 1888 CENTURY PARK E, #900						
_		LOS ANGELES, CA 90067	Phone no. 31	.0-552-0960				
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No				

Form 990 (2019) 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_	X	
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? 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? <i>If</i> "Yes," <i>complete</i>			
_	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			
Ū	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 donor-restricted endowments	ا ا		
	or in 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	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а			Х	
	Part VI	11a	- 21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	المدا		<sub>V</sub>
	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		\ <del></del>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>-</u> _
	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			
	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,			
	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			
	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		Х
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	Х	

Form 990 (2019) SHELTER PARTNERSHIP, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
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
	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			٦,
	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			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	25
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30		30		X
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<b>52</b>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			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 gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2019) SHELTER PARTNERSHIP, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	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 Advanced in the Financi	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	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	e orga	anization solicit			
	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 contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
			al	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?	as req	uirea	70		Х
٨		7d		7с		21
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	an analysis a superioration have avecage hypinage haldings 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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1.	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	رر				
10-	amounts due or received from them.)	11b	1	100		
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	[	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> 120</u>				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2019) SHELTER PARTNERSHIP, INC. 95-39/6214 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 18			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(IIII COSIO 2 TOGOSCO III SI III SI III SI II SI		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TRACY WALLACE - 213-688-2188			
	520 S. GRAND AVENUE, SUITE 695, LOS ANGELES, CA 90071			

## 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l	i ii Zu		)	рсп	out	(D)	(E)	(F)
Name and title	Average	(do		Posi	ition	l than c	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	o nal tı		ployee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALAN ADLER	3.00									
DIRECTOR		Х						0.	0.	0.
(2) BRIAN CULLINAN	3.00									
DIRECTOR		Х						0.	0.	0.
(3) DANIEL MOREFIELD	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(4) JOHN DEFAZIO	5.00									
CHAIR		Х		Х				0.	0.	0.
(5) KEITH SHARP, ESQ.	3.00									
DIRECTOR	2 22	Х						0.	0.	0.
(6) LOUISE OLIVER	3.00								•	•
SECRETARY	2 00	Х		Х				0.	0.	0.
(7) PETER BARKER	3.00	7.7							0	0
(8) THOMAS LANE	3.00	Х						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(9) WILLIAM WITTE	3.00	Λ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(10) RONALD M. GRIFFITH	3.00	25						•	0.	<u></u>
DIRECTOR	3,00	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									
DIRECTOR		Х						0.	0.	0.
(15) RODNEY SWAN	3.00									
DIRECTOR		Х						0.	0.	0.
(16) TERRI KAPLAN	3.00							_		_
DIRECTOR	2 2 2	Х						0.	0.	0.
(17) GAIL Q. GIBSON	3.00									_
DIRECTOR		Х						0.	0.	0.

932007 01-20-20 Form **990** (2019)

	PARTNERS	SHI	Ρ,	I	NC				95-39	76	214	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average ours per box, u week office			son is	than o	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatior from related		am	(F) timate ount o	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	oensa om the anizati I relate nizatio	e ion ed
(18) CHARMAINE ATHERTON	3.00	.,								^			^
DIRECTOR (19) RUTH SCHWARTZ	40.00	Х						0.		0.			0.
EXECUTIVE DIRECTOR	10.00			х				116,920.		0.	12	2,29	98.
		-											
		_											
		1											
1b Subtotal							<b></b>	116,920.		0.	12	2,29	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								116,920.		0.	1 2	2,29	<u>0.</u>
2 Total number of individuals (including but							o re			•		., .	<del>/ U •</del>
compensation from the organization												<b>V</b>	2
3 Did the organization list any former office	r director trust	ا مم	(AV 6	mnl	OVE	e or	hia	hest compensated empl	ovee on			Yes	No
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s	sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$15											4		<u> </u>
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." col											5		Х
Section B. Independent Contractors	TIDICIC OCTICULA	007	<i>O1</i> 30	1011 <u>t</u>	<i></i>	<u> </u>							
1 Complete this table for your five highest of	· ·	-							•	ensa	tion fro	m	
the organization. Report compensation for (A)  Name and business			ONE		ili i C	OI WI		(B)  Description of s		C	(C Compen		<u> </u>
Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nited	d to t	thos C		ted	above) who received mo	ore than		Form 9	200	

95-3976214

			Check if Schedule O	conta	ins a r	response	or note to any lin	e in this Part VIII			
								(A)	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
ts st	1	а	Federated campaigns			1a					
ir our		b	Membership dues			1b					
S, G		С	Fundraising events			1c	29,044.				
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations			1d					
is, (		е	Government grants (contri	ibutic	ons)	1e	562,057.				
rior S		f	All other contributions, gifts,	grants	s, and						
ig #			similar amounts not included	above	е	1f	26,554,065.				
a d		g	Noncash contributions included in	lines 1a	a-1f	1g \$	25,505,604.				
S E		h	Total. Add lines 1a-1f				<b></b>	27,145,166.			
							Business Code				
မွ	2	а	CONSULTING SERVICES				541610	297,879.	297,879.		
e Ķ		b									
Sign		С									
eve		d									
Program Service Revenue		е									
<u>-</u>		f	All other program service	reven	nue						
		g	Total. Add lines 2a-2f				<b>&gt;</b>	297,879.			
	3		Investment income (include								
			other similar amounts)					4,212.			4,212.
	4		Income from investment of				proceeds				
	5		Royalties	. <del></del>			<b></b>				
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	)			<b>&gt;</b>				
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e l			and sales expenses	7b							
ther Revenue			Gain or (loss)	7с							
æ			Net gain or (loss)				<b>_</b>				
her	8	а	Gross income from fundraising								
ᅙ			including \$	29,	044.	of					
			contributions reported on		•						
			Part IV, line 18								
			Less: direct expenses				4,218.	•			
	_		Net income or (loss) from				<b>D</b>	0.			
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses				)				
			Net income or (loss) from				<b>D</b>				
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold				0				
_		С	Net income or (loss) from	sales	of inv	entory .	Busines: Oct				
s.			OMUED INCOME				Business Code	3.0	36		
Je or	11		OTHER INCOME				900099	36.	36.		
Miscellaneous Revenue		b									
sce Rev		С	All alla anno anno a								
ž			All other revenue					36.			
			Total. Add lines 11a-11d					27,447,293.	297,915.	0.	1 212
	12		Total revenue. See instruction	JIIS .				41,441,493.	l 431,313.	Ι	4,212.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 15,507,218. 15,507,218. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 116,920. 5,798. 6,500. 129,218. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 764,888. 558,511. 34,192. 172,185. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 186,538. 157,008. 14,379. 15,151. Other employee benefits 9 83,685. 68,282. 1,921. 13,482. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 1,208. 39,704. 33,049. 5,447. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 64,169. 18,978. 25,889. column (A) amount, list line 11g expenses on Sch O.) 109,036. Advertising and promotion 12 49,857. 40,111. 1,782. 7,964. 13 Office expenses Information technology 14 Royalties 15 84,586. 4,531. 47,580. 32,475. 16 Occupancy 2,956. 2,956. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 316,000. 310,133. 571. 5,296. Depreciation, depletion, and amortization 22 33,493. 29,438. 395. 3,660. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 74,544. 74,544. WAREHOUSING REPAIRS AND MAINTENANCE 46,426. 46,426. 32,193. 32,193. INVENTORY OBSOLESCENCE 26,902. 1,612. 24,929. 361. TELEPHONE 68,718. 4,384. 52,331. 12,003. All other expenses 17,555,962. 17,162,842. 91,456. 301,664. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2019)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			464,918.	1	791,830.
	2	Savings and temporary cash investments			250,000.	2	250,000.
	3	Pledges and grants receivable, net			59,444.	3	121,555.
	4	Accounts receivable, net			87,720.	4	50,000.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			20,138,312.	8	30,149,800.
¥	9	5			32,200.	9	55,850.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,200,866.			
	b	Less: accumulated depreciation			5,503,900.	10c	5,229,157.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	06 506 404	15	26 642 422		
	16	Total assets. Add lines 1 through 15 (must equ		26,536,494.	16	36,648,192.	
	17	Accounts payable and accrued expenses	120,667.	17	341,034.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substantial controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrela	-	:····		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			120,667.	26	341,034.
		Organizations that follow FASB ASC 958, che	ck here	• ► X			,
es		and complete lines 27, 28, 32, and 33.					
auc	27				2,716,843.	27	2,615,733.
Bali	28				23,698,984.	28	33,691,425.
2		Organizations that do not follow FASB ASC 9					
Ī		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			26,415,827.	32	36,307,158.
	33	Total liabilities and net assets/fund balances .			26,536,494.	33	36,648,192.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1'	7,55	<b>5,</b> 9	62.
3	Revenue less expenses. Subtract line 2 from line 1	3		<del>9,89</del>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	5,41	5,8	27.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	5,30	7,1	58.
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	<u></u> 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					
	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 on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing					
	Act and OMB Circular A-133?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

### **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 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

Open to Public Inspection

Employer identification number

Name of the organization

				RSHIP, INC.				9	5-3976214				
Pa	rt 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	$\bigcap$	A church, convention of ch	•	•	•	•	I)(A)(i).						
2	一	A school described in <b>sect</b>					Α Α /						
3	一	A hospital or a cooperative		•			ii).						
4	H	A medical research organiz					•	(iii) Enter	the hospital's name				
•	ш	city, and state:	anon operated in cor	ijanotion war a noopitar	400011004	000110	((5)( 1)(1-)	(III)i Linton	the hospital o hame,				
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ad in				
3	ш			liege of difficulty owned	or operati	cd by a gc	verninentarai	iii acsonbe	2 <b>4</b> III				
_		section 170(b)(1)(A)(iv).			47	70/L\/4\/A\	()						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
′	X												
_		section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	$\vdash$	•			•								
9		An agricultural research org				-		-	-				
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of t	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem	•	• '	. ,				· ·				
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.				
		See <b>section 509(a)(2).</b> (Co											
11	Щ	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).						
12	Ш	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See section 5	i09(a)(3). (	Check the box in				
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.					
а			anization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ıpporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ring				
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	je the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,				
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and	an attentiv	veness .				
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g	Prov	vide the following information	n about the supporte	d organization(s).									
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
_													
Tota		<u> </u>											

## Schedule A (Form 990 or 990-EZ) 2019 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	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	9583049.	8456880.	10290745.	14628256.	27145166.	70104096.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	9583049.	8456880.	10290745.	<u> 14628256.</u>	<u> 27145166.</u>	70104096.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						38679586.					
	Public support. Subtract line 5 from line 4.						31424510.					
	ction B. Total Support			Т	Т	1						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
	Amounts from line 4	9583049.	8456880.	10290745.	14628256.	27145166.	70104096.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,	4 40.5	4 - 5 4				14.006					
	and income from similar sources	1,486.	1,594.	2,707.	4,871.	4,248.	14,906.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital	120					120					
	assets (Explain in Part VI.)	132.					132.					
	Total support. Add lines 7 through 10						70119134.					
	Gross receipts from related activities,	•	,			12						
13	First five years. If the Form 990 is for	-			•		<b>.</b> —					
Sec	organization, check this box and stop ction C. Computation of Public	c Support Per	centage				<b>P</b>					
	Public support percentage for 2019 (li			olumn (f))		14	44.82 %					
	Public support percentage for 2019 (iii  Public support percentage from 2018					15	44.82 % 60.73 %					
	33 1/3% support test - 2019. If the co											
·Ja	<b>stop here.</b> The organization qualifies											
h	33 1/3% support test - 2018. If the o											
_		•		•		•						
17a	and stop here. The organization qualifies as a publicly supported organization  7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,											
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization											
	meets the "facts-and-circumstances"		•	-	•	•						
b	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or											
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the											
	organization meets the "facts-and-circ		Ť				<b>&gt;</b>					
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶					

### 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.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother 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.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					т т	
	Public support percentage for 2019 (lin					15	%
						16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2019. If the						r is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. 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						. $\square$
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	<b>&gt;</b>

### 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 (as 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		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	-		
	7		
	8		
	9a		
	Ju		
	9b		
	00		
	9c		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2019

Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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 persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly 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 directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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-functional		d Type III supporting orga	nization (see
	instructions).	. •	., ., .,	,

Schedule A (Form 990 or 990-EZ) 2019

Par	I v   Iype III Non-F	-unctionally integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			•	Current Year
1	Amounts paid to support	ed 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		paid to accomplish exempt purpose	es of supported organizations		
	Amounts paid to acquire				
5	•	nts (prior IRS approval required)			
6		ribe in <b>Part VI</b> ). See instructions.			
7	,	ns. Add lines 1 through 6.			
8		supported organizations to which th	ne organization is responsive		
	(provide details in <b>Part V</b>		J		
9		2019 from Section C, line 6			
	Line 8 amount divided by	·			
			(i)	(ii)	(iii)
Secti	ion E - Distribution Alloca	ations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for	2019 from Section C, line 6			
2	Underdistributions, if any	, for years prior to 2019 (reason-			
	able cause required- expl	ain in Part VI). See instructions.			
3	Excess distributions carry	yover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
	From 2018				
f	Total of lines 3a through	е			
	Applied to underdistribut				
	Applied to 2019 distribut				
	Carryover from 2014 not				
j	Remainder. Subtract line				
4	Distributions for 2019 fro				
	line 7:	\$			
а	Applied to underdistribut	ions of prior years			
	Applied to 2019 distribute				
	Remainder. Subtract lines				
5		ions for years prior to 2019, if			
	•	d 4a from line 2. For result greater			
	than zero, explain in <b>Part</b>				
6		tions for 2019. Subtract lines 3h			
	•	sult greater than zero, explain in			
	Part VI. See instructions.				
7		rryover to 2020. Add lines 3j			
-	and 4c.	, 1 1 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 SHELTER	PARTNERSHIP.	INC.	95-397621 <b>4</b> Page <b>8</b>
Part VI	Supplemental Information. Prov Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; P Section D, lines 5, 6, and 8; and Part V, S (See instructions.)	ide the explanations requir 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 art IV, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 17a of 1b, and 11c; Part IV, Section B, lines 2a, 2b, 3a, and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

#### **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

OMB No. 1545-0047 Open to Public 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

<ul> <li>Section 501(c)(4), (5), or (6) organization</li> </ul>	ations: Complete Part III.			
Name of organization			Emp	loyer identification number
SHELTER	R PARTNERSHIP, INC	•		95-3976214
Part I-A Complete if the or	ganization is exempt under	section 501(c) o	r is a section 527 or	ganization.
<ol> <li>Provide a description of the organi</li> <li>Political campaign activity expend</li> <li>Volunteer hours for political campa</li> </ol>	tures		<b>&gt;</b> \$	3
Part I-B Complete if the or	ganization is exempt under	section 501(c)(3	1	
1 Enter the amount of any excise tax	·		•	<u> </u>
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the or	ganization is exempt under	section 501(c), e	except section 501(c	:)(3).
<ul> <li>3 Total exempt function expenditure line 17b</li> <li>4 Did the filing organization file Forn</li> <li>5 Enter the names, addresses and e made payments. For each organization contributions received that were p</li> </ul>	1120-POL for this year?	on Form 1120-POL, of all section 527 polition the filing organizate political organ	tical organizations to which ation's funds. Also enter the nization, such as a separate	Yes No n the filing organization e amount of political
(a) 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

Sch	edule C (F	Form 990 or 990-EZ) 2019	SHELT	ER PAR	TNERSHIP, I	NC.	95-3	976214 Page 2
	art II-A	Complete if the org	anizatio	n is exen	npt under sectior	501(c)(3) and file	ed Form 5768 (ele	ection under
		section 501(h)).						
A	Check 🕨	if the filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
		expenses, and sha	re of exces	s lobbying e	expenditures).			
<b>B</b> (	Check 🕨	if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
				oying Expe eans amou	nditures ınts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1	a Total lo	bbying expenditures to infl	uence publ	ic opinion (	grassroots lobbying)			
		bbying expenditures to influence	· ·					
(	c Total lo	bbying expenditures (add li	nes 1a and	, d 1b)	• • • • •			
		xempt purpose expenditure						
		cempt purpose expenditure			Λ.			
		ng nontaxable amount. Ent	•					
		nount on line 1e, column (a) c			bying nontaxable am			
		er \$500,000	(2)		the amount on line 1e.			
		500,000 but not over \$1,000	2 000		00 plus 15% of the exc	ess over \$500,000		
		,000,000 but not over \$1,5	<i>'</i>		00 plus 10% of the exc	·		
		,500,000 but not over \$17.			00 plus 5% of the exce			
		7,000,000	,000,000	\$1,000,	•	σο ονοι φτ,σοσ,σοσ.		
	[ Ονεί ψί	7,000,000		Ψ1,000,	000.			
	g Grassro	oots nontaxable amount (er	ter 25% of	line 1f)				
ı	h Subtrac	ct line 1g from line 1a. If zer	o or less, e	nter -0				
	i Subtrac	ct line 1f from line 1c. If zero	or less, e	nter -0-				
	j If there	is an amount other than ze	ro on eithe					•
	reportin	g section 4911 tax for this	year?					Yes No
		(Some organizations t	See	a section 5 the separ	ate instructions for lir	nave to complete all c nes 2a through 2f.)	of the five columns b	elow.
			Lobi	oying Expe	nditures During 4-Yea	r Averaging Period □		
		Calendar year al year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
	<b>a</b> Lobbyir	ng nontaxable amount						
ŀ	<b>b</b> Lobbyir	ng ceiling amount						
	(150% c	of line 2a, column(e))						
(	c Total lo	bbying expenditures						
(	d Grassro	oots nontaxable amount						
		oots ceiling amount						
		of line 2d, column (e))						
								1

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2019 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 ea	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(1	o)
of the	lobbying activity.	Yes	No	Amo	ount
1	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:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
е	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			2,500.
j	Total. Add lines 1c through 1i				2,500.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	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	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	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	"No" OR (	b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part	IV Supplemental Information				
rovic	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (see	
nstru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAR	T II-B, LINE 1, LOBBYING ACTIVITIES:				
CHE	ORGANIZATION WROTE LETTERS, E-MAILS, MADE PHONE CA	ALLS AN	D POS'	TED ON	1
~	GDOOK AND WATHURD ON A REW LOCAL CHAME AND REDEDAL	LEGIS	LATIV	E	
'AC	<u>EBOOK AND TWITTER ON A FEW LOCAL, STATE AND FEDERAL</u>				
:'AC	EBOOK AND INTITES ON A FEW LOCAL, STATE AND FEDERAL				
	POSALS.				

### **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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			Complete ii tile
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes I
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose o	conferring
_	impermissible private benefit?			
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	,	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	,		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it			Yes I
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and ent	forcing conservat	ion easements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the
D.	organization's accounting for conservation easements.	Aut Historical Tox		han Oineilan Aasaka
Pa	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Oti	ner Similar Assets.
			unus statement ex	ad balance about ways
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			·
<b>L</b>	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurth	erance of public service,
	provide the following amounts relating to these items:			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			

Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(continu	ed)	_
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make sig	gnificant ı	use of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of the	he organ	nization's co	llection?				Yes	N	lo
Par	rt IV Escrow and Custodial Arran								ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?								Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII										
	-	•	_						Amount		
С	Beginning balance						1c				_
	Additions during the year										_
	Distributions during the year										_
f	Ending balance						1f				
2a	Did the organization include an amount on Fe								Yes	$\square$ N	lo
	If "Yes," explain the arrangement in Part XIII.								_		
	rt V Endowment Funds. Complete i										_
	·	(a) Current year		rior year	(c) Two year			ears back	(e) Four \	ears bac	 k
1a	Beginning of year balance	(a) carrers year	(~):	y ou.	(5) )	o suon	(4.)	, our o suon	( <b>c</b> ) . su. )	04.0 540	<u>·`</u>
	Contributions										_
	Net investment earnings, gains, and losses										_
	Grants or scholarships										_
	Other expenditures for facilities										_
·											
f	and programs  Administrative expenses										_
											—
g 2	End of year balance  Provide the estimated percentage of the curr	ent year and balance	l (lipo 1o	, column (c	) hold oo:						_
	Board designated or quasi-endowment			j, coluitiit (a	)) Held as.						
			_%								
		% %									
C											
0-	The percentages on lines 2a, 2b, and 2c sho	•				a al  £a Ala .		-4:			
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are neid ar	ia administer	ea for the	e organiza	ation	Г	/aa N	_
	by:									es N	<u> </u>
	(i) Unrelated organizations								3a(i)	-	—
L	(ii) Related organizations	tions listed as requir		abadula DO					3a(ii)	_	—
									3b		—
Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment ii	urius.							—
			) Dort IV	lino 11a C	oo Form 000	Dort V I	ino 10				
	Complete if the organization answered								(d) Deels		—
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate reciation	ea	(d) Book	value	
	Land	,	non)	Dasis	(OUTET)	ueh	n colation				—
	Land			F 70	2,117.	2 4	83,9	23	3,248	101	—
	Buildings				8,156.		199,8		3, <u>248</u> 1,928		
	Leasehold improvements						199,6. 187,9			,343 ,618	
	Equipment			44	0,593.		001,3	1 3 •	54	, ото	<u>•</u>
	Other							_	5,229	157	_
ı otal	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	x colum	nn (K) line 1	UC.)				J, 443	, <b>1</b> ) /	•

Schedule D (Form 990) 2019 SHELTER PART  Part VII   Investments - Other Securities.	NERSHIP, INC	. 95	-3976214 Pag
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
other Assets. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Dook volue
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Part X Other Liabilities.	<i>15.)</i>		<u>I</u>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			1

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

га	neconclination of nevertide per Addited Financial State	ements with revent	ie pei netuili.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	27,447,293.
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		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	27,447,293.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	27,447,293.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With Expen	ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	17,555,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	17,555,962.
4	Amounts included on Form 990, Part IX, line 25, 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	0.
	Total sympasses Add lines 2 and 4e (T):		-	17 555 962

### 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, 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, 2020, 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, 2020, THE OPEN TAX YEARS FOR SHELTER PARTNERSHIP, INC. WERE 2017 TO 2019.

Schedule D (Form 990) 2019 Part XIII   Supplemental Info	SHELTER	PARTNERSHIP,	INC.	95-3976214	Page 5
Part XIII   Supplemental Info	rmation <sub>(contine</sub>	ued)			

### **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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization							ntification number
SHELTER	PARTNERSHIP, INC.					95-3976	214
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>1 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, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ding of 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 c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b>•</b>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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 (add col. (a) through MAGIC CASTLE col. (c)) (event type) (event type) (total number) 17,500. 15,762. 33,262. 1 Gross receipts 14,938. 14,106. 29,044. 2 Less: Contributions 2,562 1,656. 4,218. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 2,562. 1,656. 4,218. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses ..... 4,218. 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 bingo/progressive bingo col. (a) through col. (c)) 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) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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?  3 Indicate the percentage of gaming activity conducted in:  a The organization's facility  5 An outside 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	uı	G (Form 990 or 990 EZ) 2019 SHELTER PARTNERSHIP, INC. 95-3	9/0	<u> 4</u>	Page <b>3</b>
to administer charitable gaming?  3 Indicate the percentage of gaming activity conducted in:  a The organization's facility  b An outside facility  13a  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name	0	s the organization conduct gaming activities with nonmembers?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility	t	e organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
a The organization's facility  b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name   Address   Address   15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b if "Yes," enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   c if "Yes," enter name and address of the third party:  Name   Address   Gaming manager information:  Name   Gaming manager compensation   \$  Description of services provided   □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	6	dminister charitable gaming?		Yes	No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶	ıd	cate the percentage of gaming activity conducted in:	i		
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?	he	organization's facility	13a		%
Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	n	outside facility	13b		%
Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	nt	r the name and address of the person who prepares the organization's gaming/special events books and records:			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party:  Name ▶ Address ▶	aı	ne <b>&gt;</b>			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party:  If "Yes," enter name and address of the third party:  Name ▶ Address ▶	d	ress <b>&gt;</b>			
of gaming revenue retained by the third party ▶ \$	0	s the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	117	es," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
Address ►  Address ►  Gaming manager information:  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer	fç	aming revenue retained by the third party > \$			
Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer					
Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	aı	ne ▶			
Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	d	ress <b>&gt;</b>			
Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	aı	ning manager information:			
Director/officer	aı	ne <b>&gt;</b>			
Director/officer	aı	ning manager compensation  \$			
Director/officer					
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	es	cription of services provided			
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line					
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b.		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b.	la	datory distributions:			
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   retain the state gaming license?  b Enter the amount of distributions required to other exempt organizations or spent in the organization's own exempt activities during the tax year   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b,		•			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line				Yes	☐ No
organization's own exempt activities during the tax year > \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line		-			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lin					
			+ III lir	200 0	9h 10h
			,	103 3,	95, 105,

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

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

SHELTER P.	ARTNERSHI	P, INC.					95-3976214
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the selection	
criteria used to award the grants or assis	stance?						X Yes  No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	l		ional space is neede		(f) Method of		T
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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.	58,428.		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.	130,429.	VALUE	VARIOUS GOODS	HOMELESS.
AIDS PROJECT LOS ANGELES							TO ASSIST THE ENTITY WITH
611 SOUTH KINGSLEY DRIVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90005	95-3842506	501(C)(3)	0.	62,251.	VALUE	VARIOUS GOODS	HOMELESS.
ALCOHOLISM CENTER FOR WOMEN							TO ASSIST THE ENTITY WITH
1147 SOUTH ALVARADO STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90006	23-7428537	501(C)(3)	0.	33,916.	VALUE	VARIOUS GOODS	HOMELESS.
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.	14,836.	VALUE	VARIOUS GOODS	HOMELESS.
ALTAMED							TO ASSIST THE ENTITY WITH
512 S. INDIANA STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90068	95-2810095	501(C)(3)	0.	54,462.		VARIOUS GOODS	HOMELESS.
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	,			<b>▶</b> 215.
3 Enter total number of other organizations	•	-	•••••				<u> </u>

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

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	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
AMITY FOUNDATION OF CALIFORNIA							TO ASSIST THE ENTITY WITH
3760 S. GRAND AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	77-0418201	501(C)(3)	0.	14,453.		VARIOUS GOODS	HOMELESS.
ANTELOPE VALLEY DOMESTIC VIOLENCE							TO ASSIST THE ENTITY WITH
COUNCIL HOMELESS OUTREACH - PO BOX					FAIR MARKET		RESOURCES TO SUPPORT THE
2980 - LANCASTER, CA 93539	95-3582588	501(C)(3)	0.	5,081.		VARIOUS GOODS	HOMELESS.
ANTELOPE VALLEY PARTNERS FOR							TO ASSIST THE ENTITY WITH
HEALTH - 44226 10TH STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93534	47-0957404	501(C)(3)	0.	98,483.		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.	12,685.	VALUE	VARIOUS GOODS	HOMELESS.
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.	21,883.	VALUE	VARIOUS GOODS	HOMELESS.
BABY2BABY							TO ASSIST THE ENTITY WITH
6435 WILSHIRE BLVD.	07 2061000	501/61/21		25 620	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90048	27-3261289	501(C)(3)	0.	37,638.	VALUE	VARIOUS GOODS	HOMELESS.
BARTZ-ALTADONNA COMMUNITY HEALTH							TO ASSIST THE ENTITY WITH
CENTER - 43322 GINGHAM AVE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93535	23-7376148	501(C)(3)	0.	32,526.	VALUE	VARIOUS GOODS	HOMELESS.
DEPOS HOUSE PAGOS OF GAN PERSO							TO AGGIOR MILE TAMENT
BEACON HOUSE ASSOC. OF SAN PEDRO					EATD MADWEE		TO ASSIST THE ENTITY WITH
1003 SOUTH BEACON ST.	22 7276140	E01/G\/2\	0.	17 110	FAIR MARKET	WARTONG COORG	RESOURCES TO SUPPORT THE
SAN PEDRO, CA 90731	23-7376148	DOT(C)(3)	1 0.	17,119.	VALUE	VARIOUS GOODS	HOMELESS.
BEHAVIORAL HEALTH SERVICES, INC.							TO ASSIST THE ENTITY WITH
JOINT EFFORTS INC 15519					FAIR MARKET		RESOURCES TO SUPPORT THE
CRENSHAW BLVD GARDENA, CA 90249	95-2838006	501(C)(3)	0.	115,677.	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.)	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
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.	35,889.		VARIOUS GOODS	HOMELESS.
VENICE, CA 30231	73 2570513	501(0/(5/	· · ·	33,003.	VALUE	VARIOUS GOODS	HOMEHESS:
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.	42,161.		VARIOUS GOODS	HOMELESS.
				,			•
BRIDGE TO HOME							TO ASSIST THE ENTITY WITH
P.O. BOX 802978					FAIR MARKET		RESOURCES TO SUPPORT THE
SANTA CLARITA, CA 91380	95-4587823	501(C)(3)	0.	19,169.		VARIOUS GOODS	HOMELESS.
BRYANT TEMPLE COMMUNITY							•
DEVELOPMENT CORPORATION - 2525							TO ASSIST THE ENTITY WITH
WEST VERNON AVE LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90047	81-4792341	501(C)(3)	0.	38,500.	VALUE	VARIOUS GOODS	HOMELESS.
				, -			
CANGRESS							TO ASSIST THE ENTITY WITH
530 SOUTH MAIN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	02-0661629	501(C)(3)	0.	63,117.	VALUE	VARIOUS GOODS	HOMELESS.
·				·			
CARSON COORDINATING COUNCIL							TO ASSIST THE ENTITY WITH
17700 AVALON BLVD. #38					FAIR MARKET		RESOURCES TO SUPPORT THE
CARSON, CA 90746	33-0274284	501(C)(3)	0.	29,832.	VALUE	VARIOUS GOODS	HOMELESS.
CASA YOUTH SHELTER							TO ASSIST THE ENTITY WITH
10911 REAGAN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ALAMITOS, CA 90720	95-3218061	501(C)(3)	0.	8,819.	VALUE	VARIOUS GOODS	HOMELESS.
CATHOLIC CHARITIES OF LOS ANGELES							TO ASSIST THE ENTITY WITH
ANGEL'S FLIGHT - 357 S. WESTLAKE					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LOS ANGELES, CA 90057	95-1690973	501(C)(3)	0.	27,098.	VALUE	VARIOUS GOODS	HOMELESS.
CATHOLIC CHARITIES OF LOS ANGELES							TO ASSIST THE ENTITY WITH
LOAVES & FISHES I - 4322 SAN					FAIR MARKET		RESOURCES TO SUPPORT THE
FERNANDO ROAD - GLENDALE, CA 91204	95-1690973	501(C)(3)	0.	38,550.	VALUE	VARIOUS GOODS	HOMELESS.

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar ⊺	nizations in the Un	<b>lited States</b> (Sch	nedule I (Form 990), Pa T	art II.) T	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
CATHOLIC CHARITIES OF LOS ANGELES							
LONG BEACH FAMILY SHELTER - 1531							TO ASSIST THE ENTITY WITH
JAMES M. WOODS BLVD LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90015	95-1690973	501(C)(3)	0.	53,345.	VALUE	VARIOUS GOODS	HOMELESS.
CATHOLIC RAINBOW OUTREACH							TO ASSIST THE ENTITY WITH
11419 CARMENITA					FAIR MARKET		RESOURCES TO SUPPORT THE
WHITTIER, CA 90605	95-3096644	501(C)(3)	0.	34,163.	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.	23,152.		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.	7,504.	VALUE	VARIOUS GOODS	HOMELESS.
CHILDREN'S BUREAU OF SOUTHERN CA							TO ASSIST THE ENTITY WITH
1910 MAGNOLIA AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	95-1690975	501(C)(3)	0.	75,863.		VARIOUS GOODS	HOMELESS.
CHOISS PERMANENT SUPPORTIVE				, -			
HOUSING ALLIANCE FOR HOUSING AND							TO ASSIST THE ENTITY WITH
HEALING - 825 COLORADO BLVD. STE.					FAIR MARKET		RESOURCES TO SUPPORT THE
100 - LOS ANGELES, CA 90041	95-4147364	501(C)(3)	0.	9,310.	VALUE	VARIOUS GOODS	HOMELESS.
CHRISTIAN OUTREACH APPEAL							TO ASSIST THE ENTITY WITH
515 EAST 3RD STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LONG BEACH, CA 90802	33-0008271	501(C)(3)	0.	81,129.		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.	294,741.	VALUE	VARIOUS GOODS	HOMELESS.
COALITION FOR RESPONSIBLE							
COMMUNITY DEVELOPMENT - 3101 S.							TO ASSIST THE ENTITY WITH
GRAND AVENUE - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90007	20-2445113	501(C)(3)	0.	10,550.	VALUE	VARIOUS GOODS	HOMELESS.

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COMMUNICATION & TECHNOLOGY SCHOOL							
@ DIEGO RIVERA LEARNING COMPLEX -							TO ASSIST THE ENTITY WITH
6100 S. CENTRAL AVE LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90001	95-6001908	501(C)(3)	0.	22,901.	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.	48,618.		VARIOUS GOODS	HOMELESS.
COVER THE HOMELESS MINISTRY							TO ASSIST THE ENTITY WITH
1332 S. ORANGE DRIVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90019	91-2094255	501(C)(3)	0.	5,524.	VALUE	VARIOUS GOODS	HOMELESS.
CROSSROADS, INC.							TO ASSIST THE ENTITY WITH
P.O. BOX 15					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-2925985	501/01/31	0.	6,386.		VARIOUS GOODS	HOMELESS.
CLAREMONT, CA 91711 DANA MIDDLE SCHOOL THE LOS ANGELES	93-2923963	501(0)(3)	0.	0,300.	VALUE	VARIOUS GOODS	HOMELESS.
FUND FOR PUBLIC EDUCATION - 1501							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
S. CABRILLO AVENUE - SAN PEDRO, CA 90731	45-2443162	501(C)(3)	0.	29,204.		VARIOUS GOODS	RESOURCES TO SUPPORT THE HOMELESS.
50731	43 2443102	301(0)(3)	0.	25,204.	VALUE	VARCIOUS GOODS	HOMEBESS.
DAVID & MARGARET HOME, THE							TO ASSIST THE ENTITY WITH
1350 THIRD STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LA VERNE, CA 91750	95-4232535	501(C)(3)	0.	18,336.	VALUE	VARIOUS GOODS	HOMELESS.
DEEP GREEN HOUSING & COMMUNITY							TO ASSIST THE ENTITY WITH
DEVELOPMENT - 400 W. 9TH STREET,					FAIR MARKET		RESOURCES TO SUPPORT THE
SUITE 100 - LOS ANGELES, CA 90015	95-4313200	501(C)(3)	0.	100,794.	VALUE	VARIOUS GOODS	HOMELESS.
DIDI HIRSCH COMM. MENTAL HEALTH							TO ASSIST THE ENTITY WITH
CTR - 4760 S. SEPULVEDA BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
CULVER CITY, CA 90230	95-1816023	501(C)(3)	0.	42,102.		VARIOUS GOODS	HOMELESS.
DOWNTOWN WOMEN'S CENTER							TO ASSIST THE ENTITY WITH
442 S. SAN PEDRO STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	31-1597223	501(C)(3)	0.	16,711.	VALUE	VARIOUS GOODS	HOMELESS.

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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.	24,233.	VALUE	VARIOUS GOODS	HOMELESS.
ECUMENICAL COUNCIL OF PASADENA							
AREA CHURCHES - BAD WEATHER							TO ASSIST THE ENTITY WITH
SHELTER - 444 E. WASHINGTON BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
- PASADENA, CA 91104	95-1644608	501(C)(3)	0.	30,435.	VALUE	VARIOUS GOODS	HOMELESS.
EL CAMINO COMMUNITY COLLEGE							
DISTRICT FOUNDATION - 16007							TO ASSIST THE ENTITY WITH
CRENSHAW BLVD TORRANCE, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90506	95-3874302	501(C)(3)	0.	39,523.	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.	5,712.	VALUE	VARIOUS GOODS	HOMELESS.
ELLA'S FOUNDATION							TO ASSIST THE ENTITY WITH
3006 S. VERMONT AVE. #113					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	80-0679091	501(C)(3)	0.	67,415.	VALUE	VARIOUS GOODS	HOMELESS.
EMOTIONAL HEALTH ASSOCIATION							TO ASSIST THE ENTITY WITH
6666 GREEN VALLEY CIRCLE					FAIR MARKET		RESOURCES TO SUPPORT THE
CULVER CITY, CA 90230	95-6092809	501(C)(3)	0.	14,187.	VALUE	VARIOUS GOODS	HOMELESS.
EPHESUS SEVENTH-DAY ADVENTIST							TO ASSIST THE ENTITY WITH
CHURCH - 7005 S. WESTERN AVENUE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90047	52-0643036	501(C)(3)	0.	9,092.	VALUE	VARIOUS GOODS	HOMELESS.
ESSENCE OF LIGHT							TO ASSIST THE ENTITY WITH
744 WEST 111TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90044	80-0069684	501(C)(3)	0.	12,254.	VALUE	VARIOUS GOODS	HOMELESS.
EXTRAORDINARY FAMILIES							TO ASSIST THE ENTITY WITH
221 NORTH ARDMORE AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90004	95-4440220	501(C)(3)	0.	5,061.	VALUE	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	art II.)	Tago T
(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
FAMILY RESCUE CENTER							TO ASSIST THE ENTITY WITH
22103 VANOWEN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
	33_1018720	501/C)/3)	0.	12 200		VARIOUS GOODS	HOMELESS.
CANOGA PARK, CA 91303	33-1018720	501(C)(3)	0.	13,288.	VALUE	VARIOUS GOODS	HOMELESS.
FATHERS AND MOTHERS WHO CARE, INC							TO ASSIST THE ENTITY WITH
10975 S. VERMONT AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90044	95-4648247	501 (C) (3)	0.	15,045.		VARIOUS GOODS	HOMELESS.
LOS ANGELLES, CA 90044	93-4040247	301(0)(3)	0.	13,043.	VALUE	VARIOUS GOODS	HOMELESS.
FEED THE CHILDREN							TO ASSIST THE ENTITY WITH
333 N. MERIDIAN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
	72 6100657	E01/G)/2)	0.	7,045,505.		VARIOUS GOODS	
OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	٠.	7,045,505.	VALUE	VARIOUS GOODS	HOMELESS.
FIRST AFRICAN METHODIST EPISCOPAL							TO ASSIST THE ENTITY WITH
					FAIR MARKET		
CHURCH - 2270 SOUTH HARVARD BLVD.	05 6142201	F01/G)/2)		20 014		WARTOWA GOODA	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90018	95-6142291	501(C)(3)	0.	29,814.	VALUE	VARIOUS GOODS	HOMELESS.
ETDOM MO CEDVE INC							TO ASSIST THE ENTITY WITH
FIRST TO SERVE, INC.					FAIR MARKET		
1017 W. 50TH STREET	01 2167020	E01/G)/2)	0.	70 154		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90037	91-2167028	501(C)(3)	0.	70,154.	VALUE	VARIOUS GOODS	HOMELESS.
FLORENCE CRITTENTON SERVICES OF							MO AGGICAL MILE DAMETHAY MITHU
ORANGE COUNTY - 801 E. CHAPMAN					ELTD MADWEE		TO ASSIST THE ENTITY WITH
AVENUE, SUITE 203 - FULLERTON, CA	05 0400405	F01/a)/2)		10 450	FAIR MARKET		RESOURCES TO SUPPORT THE
92831	95-2492427	501(C)(3)	0.	12,459.	VALUE	VARIOUS GOODS	HOMELESS.
ECCHED CUII DENG DECOUDE CENHED							MO ACCICM MUR PAMITMY WIME
FOSTER CHILDRENS RESOURCE CENTER					EATD MADEEM		TO ASSIST THE ENTITY WITH
19441 BUSINESS CENTER DRIVE #110	05 1641060	F01/a)/2)		21 400	FAIR MARKET		RESOURCES TO SUPPORT THE
NORTHRIDGE, CA 91324	95-1641960	501(C)(3)	0.	31,408.	VALUE	VARIOUS GOODS	HOMELESS.
EDED TODDAN MIGGIONG							MO AGGIGE WITH DAWNING COMMAND
FRED JORDAN MISSIONS							TO ASSIST THE ENTITY WITH
P.O. BOX 12345	05 600011	504 (5) (0)	_		FAIR MARKET		RESOURCES TO SUPPORT THE
COVINA, CA 91352	95-6000110	501(C)(3)	0.	21,670.	VALUE	VARIOUS GOODS	HOMELESS.
GOOD HOUNDANION							DO AGGIGE EVEN TWEETERS STATE
GOOD+ FOUNDATION							TO ASSIST THE ENTITY WITH
306 WEST 37TH STREET, 8TH FLOOR	1	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
NEW YORK, NY 10018	31-1777082	501(C)(3)	0.	55,453.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other		•	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa		- 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
GRACE RESOURCES, INC.							TO ASSIST THE ENTITY WITH
45134 N. SIERRA HIGHWAY					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93534	95-4309251	501(C)(3)	0.	12,608.		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.	24,364.		VARIOUS GOODS	HOMELESS.
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.	27,231.	VALUE	VARIOUS GOODS	HOMELESS.
HAWAIIAN AVE ELEMENTARY SCHOOL							TO ASSIST THE ENTITY WITH
540 HAWAIIAN AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-6001908	E01/G\/2\	0.	10,677.		VARIOUS GOODS	HOMELESS.
WILMINGTON, CA 90744	95-6001906	501(C)(3)	0.	10,677.	VALUE	VARIOUS GOODS	HOMELESS.
HEALTHRIGHT 360							TO ASSIST THE ENTITY WITH
1735 MISSION ST					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	0.	63,437.		VARIOUS GOODS	HOMELESS.
HEALTHRIGHT 360 PROTOTYPES							TO ASSIST THE ENTITY WITH
1000 NORTH ALAMEDA STREET, SUITE 39					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90012	94-6129071	501(C)(3)	0.	8,508.	VALUE	VARIOUS GOODS	HOMELESS.
HEART OF COMPASSION							TO ASSIST THE ENTITY WITH
600 S. MAPLE AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
MONTEBELLO, CA 90640	42-1573926	501(C)(3)	0.	186,426.	VALUE	VARIOUS GOODS	HOMELESS.
HOLLYWOOD COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 5020 WEST SANTA					FAIR MARKET		
MONICA BLVD HOLLYWOOD, CA 90029	95-4198215	501 (C) (3)	0.	7,392.		VARIOUS GOODS	RESOURCES TO SUPPORT THE HOMELESS.
nonten buvb. nonnimoob, ch 30023	73 4170213	551(5)(5)	· ·	7,392.	***************************************		
HOLLYWOOD FOOD COALITION							TO ASSIST THE ENTITY WITH
5939 HOLLYWOOD BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90028	46-4079214	501(C)(3)	0.	10,848.	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.)	<u> </u>
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HOME AT LAST COMMUNITY DEVELOPMENT CORPORATION - 2514 W. VERNON AVENUE - LOS ANGELES, CA 90008	47-0902546	501(C)(3)	0.	144,529.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HOMELESS HEALTH CARE LOS ANGELES 2330 BEVERLY BLVD. LOS ANGELES, CA 90057	95-4074970	501(C)(3)	0.	148,924.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HOPE IN A SUITCASE 2355 WESTWOOD BLVD., SUITE 1121 LOS ANGELES, CA 90064	47-5071911	501(C)(3)	0.	118,640.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HOPE MILL, INC. 16133 VENTURA BLVD., SUITE 650 ENCINO, CA 91436	80-0188464	501(C)(3)	0.	14,840.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HOUSE OF RUTH, CLAREMONT P.O. BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)(3)	0.	14,661.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE. BELL GARDENS, CA 90201	95-1816054	501(C)(3)	0.	8,999.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
IMMANUEL HOUSING, INC. 1800 E. 85TH STREET LOS ANGELES, CA 90001	95-4502941	501(C)(3)	0.	83,909.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
IN HIS LOVING EMBRACE 12325 IMPERIAL HWY, STE. 188 NORWALK, CA 90650	47-1184351	501(C)(3)	0.	41,120.	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
INDEPENDENT LIVING CENTER 14407 GILMORE STREET #101 VAN NUYS, CA 91401	95-3026060	501(C)(3)	0.	69,642.	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	nedule I (Form 990), Pa	rt II.)	
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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.	7,808.	VALUE	VARIOUS GOODS	HOMELESS.
JENESSE CENTERS							TO ASSIST THE ENTITY WITH
3761 STOCKER STREET, STE. 100	05 2650500	501 (6) (2)		55 220	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90008	95-3652529	501(C)(3)	0.	57,332.	VALUE	VARIOUS GOODS	HOMELESS.
JEWISH FAMILY SERVICES LOS ANGELES							TO AGGIOT THE ENTITE VITTE
FVP HOPE COTTAGE - 3580 WILSHIRE					EATD MADKED		TO ASSIST THE ENTITY WITH
BOULEVARD, STE.700 - LOS ANGELES, CA 90010	05 1601012	E01/G\/3\	0.	16 220	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE
JEWISH FAMILY SERVICES OF LOS	95-1691013	501(C)(3)	0.	16,229.	VALUE	VARIOUS GOODS	HOMELESS.
ANGELES JFS•HOPE - 3580 WILSHIRE							TO ASSIST THE ENTITY WITH
					FAIR MARKET		RESOURCES TO SUPPORT THE
BOULEVARD, 7TH FLOOR - LOS ANGELES, CA 90010	95-1691013	501/0\/3\	0.	37,214.		VARIOUS GOODS	HOMELESS.
ANGELES, CA 90010	93-1091013	501(0)(3)	0.	37,214.	VALUE	VARIOUS GOODS	HOMELESS:
JOURNEY HOUSE							TO ASSIST THE ENTITY WITH
1232 N. LOS ROBLES AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
PASADENA, CA 91104	95-3838636	501(C)(3)	0.	15,230.		VARIOUS GOODS	HOMELESS.
,							
JOVENES, INC.							TO ASSIST THE ENTITY WITH
1208 PLEASANT AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-4342434	501(C)(3)	0.	23,589.	VALUE	VARIOUS GOODS	HOMELESS.
·				·			
JWCH INSTITUTE, INC.							TO ASSIST THE ENTITY WITH
5650 JILLSON STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	58,382.	VALUE	VARIOUS GOODS	HOMELESS.
KOREATOWN YOUTH & COMMUNITY CENTER							TO ASSIST THE ENTITY WITH
1230 MENLO AVE., SUITE 100					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90020	95-3779389	501(C)(3)	0.	27,325.	VALUE	VARIOUS GOODS	HOMELESS.
LA FAMILY HOUSING VALLEY SHELTER							TO ASSIST THE ENTITY WITH
7843 LANKERSHIM BLVD					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	0.	52,103.	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.)	Tuge 1
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LA GLOBAL CARE							TO ASSIST THE ENTITY WITH
3651 S. LA BREA AVENUE #275					FAIR MARKET		RESOURCES TO SUPPORT THE
	81-4654070	501/01/31	0.	83,888.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90016	81-4654070	501(C)(3)	0.	83,888.	VALUE	VARIOUS GOODS	HOMELESS.
LA PROMISE FUND							TO ASSIST THE ENTITY WITH
1933 S. BROADWAY, SUITE 1108					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	20-4562686	501(C)(3)	0.	13,088.		VARIOUS GOODS	HOMELESS.
ECD IMCHED, CH 30007	20 4302000	301(0)(3)	· ·	13,000.	VILLOE	VIRCIOUD GOODS	HOWELLES:
LIVING HELP CENTER							TO ASSIST THE ENTITY WITH
8345 FIRESTONE BLVD., SUITE 300					FAIR MARKET		RESOURCES TO SUPPORT THE
DOWNEY, CA 90813	95-4130506	501(C)(3)	0.	45,563.		VARIOUS GOODS	HOMELESS.
BONNEI, Ch 30013	73 4130300	301(0)(3)	· ·	43,303.	VILLOE	VIRCIOUD GOODS	HOWELLES.
LOS ANGELES COMMUNITY HEALTH							TO ASSIST THE ENTITY WITH
PROJECT - 1155 N WESTERN AVE - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90029	95-2557063	501(C)(3)	0.	28,271.		VARIOUS GOODS	HOMELESS.
ANGELLED, CA 70027	73 2337003	501(0)(3)	0.	20,271.	VALUE	VARIOUS GOODS	HOMEBESS:
LOS ANGELES HOUSE OF RUTH							TO ASSIST THE ENTITY WITH
P.O. BOX 33288					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3411454	501(C)(3)	0.	13,803.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90033	33-3411434	501(0)(3)	0.	13,803.	VALUE	VARIOUS GOODS	HOMELESS.
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.	23,893.		VARIOUS GOODS	HOMELESS.
TOO INCLUDE, ON 90013	73 3134043	301(0)(3)	· ·	23,033.	VILLOE	VIRCIOUD GOODS	HOWELLES:
LUTHERAN SOCIAL SERVICES							TO ASSIST THE ENTITY WITH
21430 STRATHERN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
CANOGA PARK, CA 91401	95-2225798	501(C)(3)	0.	36,506.		VARIOUS GOODS	HOMELESS.
CANOGA FARK, CA 31401	73 2223770	501(0)(3)	0.	30,300.	VALUE	VARIOUS GOODS	HOMEBESS:
MEND							TO ASSIST THE ENTITY WITH
10641 N. SAN FERNANDO ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
	23-7306337	501(C)(3)	0.	31,517.		VARIOUS GOODS	HOMELESS.
PACOIMA, CA 91331	23-7300337	DOT(C)(3)	1	31,31/.	AVTOR	AVVIOR GOODS	HOMEDESS.
MENTAL HEALTH AMERICA							TO ASSIST THE ENTITY WITH
456 ELM AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-1881491	501(C)(3)	0.	24,800.		VARIOUS GOODS	HOMELESS.
LONG BEACH, CA 90802	33-1001491	DOT(C)(3)	1 0.	24,000.	AVTOR	AWYTONS GOODS	поменева.

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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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.	7,205.		VARIOUS GOODS	HOMELESS.
WIDNIGHT MIGGION							TO AGGICAL THE THREE WATER
MIDNIGHT MISSION					EATD MADKED		TO ASSIST THE ENTITY WITH
601 S. SAN PEDRO STREET	95-1691293	E01/G)/2)	0.	E 407	FAIR MARKET	WARTONG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90014	95-1691293	501(C)(3)	0.	5,497.	VALUE	VARIOUS GOODS	HOMELESS.
NATIONAL HEALTH FOUNDATION							TO ASSIST THE ENTITY WITH
515 S. FIGUEROA STREET, SUITE 1300					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90071	23-7314808	501(C)(3)	0.	33,154.		VARIOUS GOODS	HOMELESS.
200 12(02225, 011 500)2	20 /011000		•	00,101.			
NORTH VALLEY CARING SERVICES							TO ASSIST THE ENTITY WITH
15453 RAYEN STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTH HILLS, CA 91343	95-4444561	501(C)(3)	0.	46,577.	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.	17,894.	VALUE	VARIOUS GOODS	HOMELESS.
OLIVE CREST							TO ASSIST THE ENTITY WITH
17800 WOODRUFF AVENUE	05 0055100	504 (5) (0)		44.450	FAIR MARKET		RESOURCES TO SUPPORT THE
BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	11,152.	VALUE	VARIOUS GOODS	HOMELESS.
OPTIMIST YOUTH HOMES & FAMILY							TO ASSIST THE ENTITY WITH
SERVICES - 6957 N. FIGUEROA STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90041	95-1643340	501(C)(3)	0.	50,362.		VARIOUS GOODS	HOMELESS.
	70 1010010		•				
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.	14,018.		VARIOUS GOODS	HOMELESS.
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.	62,108.	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.)	Tuge 1
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PARA LOS NINOS							TO ASSIST THE ENTITY WITH
500 SOUTH LUCAS AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-3443276	501/01/31	0.	24,965.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90017	93-3443270	501(0)(3)	0.	24,905.	VALUE	VARIOUS GOODS	HOMELESS.
PARENTS OF WATTS							TO ASSIST THE ENTITY WITH
10828 LOU-DILLON AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90059	95-3894168	501(C)(3)	0.	60,343.		VARIOUS GOODS	HOMELESS.
	70 0071200		•				
PATH ACCESS CENTER							TO ASSIST THE ENTITY WITH
340 N. MADISON AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90004	95-3950196	501(C)(3)	0.	70,070.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
PATH BEYOND SHELTER							TO ASSIST THE ENTITY WITH
205 SOUTH BROADWAY #608					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90012	95-4197075	501(C)(3)	0.	6,221.	VALUE	VARIOUS GOODS	HOMELESS.
PATH VENTURES							TO ASSIST THE ENTITY WITH
340 N. MADISON AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90004	20-1892523	501(C)(3)	0.	7,922.	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.	9,298.	VALUE	VARIOUS GOODS	HOMELESS.
PERSONAL INVOLVEMENT CENTER, INC.							TO ASSIST THE ENTITY WITH
8220 S. SAN PEDRO STREET	02 8106042	501/61/21		07.604	FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90003	23-7186243	501(C)(3)	0.	27,684.	VALUE	VARIOUS GOODS	HOMELESS.
DEMC ADE MONDEDELLE CURDORM TOC							TO ACCION THE ENTITY WITH
PETS ARE WONDERFUL SUPPORT - LOS					FAIR MARKET		TO ASSIST THE ENTITY WITH
ANGELES - 2121 S FLOWER STREET -	05 4170000	E01/G)/3)		27 051		WARTOUG GOODG	RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	95-4178092	DOT(C)(3)	0.	37,851.	AVTOE	VARIOUS GOODS	HOMELESS.
PROJECT JOY, INC.							TO ASSIST THE ENTITY WITH
5022 W AVE N #10232					FAIR MARKET		RESOURCES TO SUPPORT THE
PALMDALE, CA 93551	47-2796137	501(C)(3)	0.	6,182.		VARIOUS GOODS	HOMELESS.
	1 1, 2, 50157		<u> </u>	0,102.	1	1.12(1002 0002)	<u></u>

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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PROJECT NEW HOPE							TO ASSIST THE ENTITY WITH
1004 ECHO PARK AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
	27-4555998	501/01/31	0.	41,781.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90026	27-4555996	501(C)(3)	0.	41,701.	VALUE	VARIOUS GOODS	HOMELESS.
PROJECT ROPA							TO ASSIST THE ENTITY WITH
4712 ADMIRALTY WAY #1226					FAIR MARKET		RESOURCES TO SUPPORT THE
MARINA DEL REY, CA 90292	81-4278151	501(C)(3)	0.	22,722.		VARIOUS GOODS	HOMELESS.
miximi bili kili, chi 30232	01 42/0131	301(0)(3)	· ·	22,722.	VILLOE	VIRCIOUD GOODD	HOMEBED:
PROYECTO PASTORAL							TO ASSIST THE ENTITY WITH
171 S. GLESS STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-3213958	501(C)(3)	0.	14,355.		VARIOUS GOODS	HOMELESS.
LOD IMOLELLO, OIL 30000	33 3213330	301(0)(3)	**	11,333.	711101	VIECEOUS GOODS	1
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.	21,693.		VARIOUS GOODS	HOMELESS.
				,			
RECYCLED RESOURCES FOR THE							TO ASSIST THE ENTITY WITH
HOMELESS - 715 NOLDEN STREET - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90042	26-3457517	501(C)(3)	0.	7,765.		VARIOUS GOODS	HOMELESS.
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
RESTORATION COMMUNITY DEVELOPMENT							TO ASSIST THE ENTITY WITH
CORPORATION - 4218 8TH AVENUE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90008	47-4270864	501(C)(3)	0.	100,932.	VALUE	VARIOUS GOODS	HOMELESS.
•				,			
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.	11,919.		VARIOUS GOODS	HOMELESS.
-				,			
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.	10,678.		VARIOUS GOODS	HOMELESS.
•				,			
SANTA CLAUS INC. OF GREATER SAN							TO ASSIST THE ENTITY WITH
BERNARDINO - 824 E. 6TH STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
SAN BERNARDINO, CA 92410	95-6101275	501(C)(3)	0.	536,147.	VALUE	VARIOUS GOODS	HOMELESS.

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SHELTER PARTNERSHIP, INC.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgai	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt 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
SCHARP							TO ASSIST THE ENTITY WITH
2610 INDUSTRY WAY, SUITE A					FAIR MARKET		RESOURCES TO SUPPORT THE
LYNWOOD, CA 90262	95-4482413	501(C)(3)	0.	36,199.	VALUE	VARIOUS GOODS	HOMELESS.
SELAH NEIGHBORHOOD HOMELESS				,			
COALITION - 2658 GRIFFITH PARK							TO ASSIST THE ENTITY WITH
BLVD., UNIT 194 - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90039	83-2538392	501(C)(3)	0.	23,636.	VALUE	VARIOUS GOODS	HOMELESS.
SHELTER PARTNERSHIP - OUTREACH							TO ASSIST THE ENTITY WITH
523 W. SIXTH STREET. STE. 616					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90014	95-3976214	501(C)(3)	0.	130,290.	VALUE	VARIOUS GOODS	HOMELESS.
SHIELDS FOR FAMILIES							TO ASSIST THE ENTITY WITH
11601 S. WESTERN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90047	95-4336420	501(C)(3)	0.	77,555.	VALUE	VARIOUS GOODS	HOMELESS.
							L
SKID ROW DEVELOPMENT CORP.					L		TO ASSIST THE ENTITY WITH
526 E. 6TH STREET	05 2000424	504 (5) (0)			FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90021	95-3288131	501(C)(3)	0.	21,941.	VALUE	VARIOUS GOODS	HOMELESS.
SKID ROW HOUSING TRUST							TO ASSIST THE ENTITY WITH
1317 E. SEVENTH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90021	95-4205316	501(C)(3)	0.	19,733.		VARIOUS GOODS	HOMELESS.
SOCIAL MODEL RECOVERY SYSTEMS,	33 1203310	301(0)(3)	**	13,,733.	VIIIOI	VIRCIOUS GOODS	1
INC. RECOVERY BRIDGE HOUSING -							TO ASSIST THE ENTITY WITH
223 E ROWLAND STREET - COVINA, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91723	95-4079133	501(C)(3)	0.	71,862.		VARIOUS GOODS	HOMELESS.
SOCIAL MODEL RECOVERY SYSTEMS,				,			•
INC. MARY LIND RECOVERY CENTERS -							TO ASSIST THE ENTITY WITH
360 S. WESTLAKE AVENUE - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90057	95-4079133	501(C)(3)	0.	81,864.	VALUE	VARIOUS GOODS	HOMELESS.
SOCIAL MODEL RECOVERY SYSTEMS,				,			
INC. RIVER COMMUNITY COVINA - 233							TO ASSIST THE ENTITY WITH
E. ROWLAND STREET - COVINA, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
91723	95-4079133	501(C)(3)	0.	85,937.	VALUE	VARIOUS GOODS	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	(b) LIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SOUTHERN CALIFORNIA ALCOHOL & DRUG							TO ASSIST THE ENTITY WITH
PROGRAMS (ANGEL STEP INN) - 11500					FAIR MARKET		RESOURCES TO SUPPORT THE
PARAMOUNT BLVD DOWNEY, CA 90241	23-7228780	501(C)(3)	0.	18,058.		VARIOUS GOODS	HOMELESS.
SOUTHERN CALIFORNIA FLOATING	23 7220700	301(0)(3)	· · ·	10,030.	V11101	VIRCIOUD GOODD	I I I I I I I I I I I I I I I I I I I
CHRISTIAN ENDEAVOR ASSN 525 N.							TO ASSIST THE ENTITY WITH
BROAD AVENUE - WILMINGTON, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90744	95-1661697	501/01/31	0.	10,929.		VARIOUS GOODS	HOMELESS.
90744	33-1001037	501(C)(3)	· ·	10,929.	VALUE	VARIOUS GOODS	HOMELESS.
SPECIAL SERVICES FOR GROUPS							TO ASSIST THE ENTITY WITH
PROJECT 180 - 905 E 8TH STREET -					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-1716914	501/01/31	0.	18,800.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90021	33-1710314	501(C)(3)	· ·	18,800.	VALUE	VARIOUS GOODS	HOMELESS.
SPECIAL SERVICES FOR GROUPS/HOP							TO ASSIST THE ENTITY WITH
5715 S. BROADWAY					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-1716914	E01/G\/2\	0.	150,695.		VARIOUS GOODS	HOMELESS.
LOS ANGELES, CA 90037	33-1710314	501(0)(3)	· · ·	130,033.	VALUE	VARIOUS GOODS	HOMELESS.
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.	51,452 <b>.</b>		VARIOUS GOODS	HOMELESS.
BOS ANGELES, CA 30017	JJ JJ0J213	501(0/(5/	· · ·	31,432.	VALUE	VARIOUS GOODS	IOMEDESS:
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.	6,650.		VARIOUS GOODS	HOMELESS.
BOD IMODELD, CIT 30020	33 1031300	301(0)(3)	· · ·	0,030.	VIIIOL	VIRCIOUD GOODS	
ST. CAMILLUS CATHOLIC CHURCH							TO ASSIST THE ENTITY WITH
1911 ZONAL AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90033	95-1642382	501(C)(3)	0.	41,957.		VARIOUS GOODS	HOMELESS.
BOD IMODELD, CIT 50033	J3 1042302	301(0)(3)	· · ·	41,557.	V11101	VIRCIOUD GOODD	I I I I I I I I I I I I I I I I I I I
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.	12,425.		VARIOUS GOODS	HOMELESS.
	)3 44172/I		1	12,423.	7111011	TIMETOOD GOODS	
ST. JOSEPH'S CENTER							TO ASSIST THE ENTITY WITH
CODETE D CHILLIN		I	1			1	
204 HAMPTON DRIVE			1		FAIR MARKET		RESOURCES TO SUPPORT THE

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
ST. VINCENT CHURCH							TO ASSIST THE ENTITY WITH
621 WEST ADAMS BOULEVARD					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90007	53-0196617	501 (C) (3)	0.	32,331.		VARIOUS GOODS	HOMELESS.
TOO ANGELES, CA 70007	33 0130017	501(0)(3)	0.	32,331.	VALUE	VARIOUS GOODS	понецезо:
ST. VINCENT'S CARDINAL MANNING							TO ASSIST THE ENTITY WITH
CENTER - 231 WINSTON STREET - LOS					FAIR MARKET		RESOURCES TO SUPPORT THE
ANGELES, CA 90013	95-1644622	501(C)(3)	0.	5,505.		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.	17,216.	VALUE	VARIOUS GOODS	HOMELESS.
				,			
STUDENTS SOLDIERS JUSTICE MEMORIAL							TO ASSIST THE ENTITY WITH
FOUNDATION - 4908 GLEN IRIS AVE -					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90041	45-5004342	501(C)(3)	0.	79,444.	VALUE	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.	23,437.	VALUE	VARIOUS GOODS	HOMELESS.
·							
TEMPLE ISRAEL							TO ASSIST THE ENTITY WITH
5200 LANKERSIM BLV, STE 850					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTH HOLLYWOOD, CA 91601	23-7383024	501(C)(3)	0.	5,787.	VALUE	VARIOUS GOODS	HOMELESS.
TESTIMONIAL COMMUNITY LOVE CENTER							TO ASSIST THE ENTITY WITH
5721 S. WESTERN AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90062	95-4376926	501(C)(3)	0.	49,263.	VALUE	VARIOUS GOODS	HOMELESS.
THE CHILDREN'S CENTER OF THE							TO ASSIST THE ENTITY WITH
ANTELOPE VALLEY - 45111 FERN					FAIR MARKET		RESOURCES TO SUPPORT THE
AVENUE - LANCASTER, CA 93534	95-4212759	501(C)(3)	0.	108,510.	VALUE	VARIOUS GOODS	HOMELESS.
THE GIVING SPIRIT							TO ASSIST THE ENTITY WITH
11908 MONTANA AVENUE #205					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90049	61-1405121	501(C)(3)	0.	16,874.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	izations in the Un	ited States (Sch	nedule I (Form 990), Pa	rt II.)	Tago T
(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
THE HIGHLANDS CHRISTIAN FELLOWSHIP							TO ASSIST THE ENTITY WITH
39625 20TH ST W					FAIR MARKET		RESOURCES TO SUPPORT THE
PALMDALE, CA 93551	95-4207724	501(C)(3)	0.	24,347.	VALUE	VARIOUS GOODS	HOMELESS.
THE JEWISH FEDERATION OF GREATER							TO ASSIST THE ENTITY WITH
LOS ANGELES - 6505 WILSHIRE BLVD.,					FAIR MARKET		RESOURCES TO SUPPORT THE
SUITE 900 - LOS ANGELES, CA 90048	95-1643388	501(C)(3)	0.	7,867.	VALUE	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.	92,749.		VARIOUS GOODS	HOMELESS.
THE PEOPLE CONCERN					EATD MADKED		TO ASSIST THE ENTITY WITH
2116 ARLINGTON AVE., SUITE 100 LOS ANGELES, CA 90018	95-6143865	501/C\/3\	0.	88,674.	FAIR MARKET	VARIOUS GOODS	RESOURCES TO SUPPORT THE HOMELESS.
HOS ANGELES, CA 90010	J3 01 <del>4</del> 3003	501(0/(3/	· ·	00,074.	VALOE	VARIOUS GOODS	HOMEDESS.
THE SALVATION ARMY ALEGRIA							TO ASSIST THE ENTITY WITH
2737 SUNSET BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	94-1156347	501(C)(3)	0.	33,537.	VALUE	VARIOUS GOODS	HOMELESS.
THE SALVATION ARMY ANTELOPE VALLEY							TO ASSIST THE ENTITY WITH
CORPS - 44517 SIERRA HWY -					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER, CA 93534	94-1156347	501(C)(3)	0.	28,559.		VARIOUS GOODS	HOMELESS.
THE SALVATION ARMY BELL SHELTER							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.	92,339.	VALUE	VARIOUS GOODS	HOMELESS.
THE SALVATION ARMY GLENDALE CORPS							TO ASSIST THE ENTITY WITH
320 W. WINDSOR ROAD					FAIR MARKET		RESOURCES TO SUPPORT THE
GLENDALE, CA 91204	94-1156347	501(C)(3)	0.	17,689.	VALUE	VARIOUS GOODS	HOMELESS.
MUE CALVAMION ADMY HODE HAPPOD							TO ACCION MUE ENTING WITH
THE SALVATION ARMY HOPE HARBOR CENTER - 3107 S. GRAND AVE LOS					FAIR MARKET		TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE
ANGELES, CA 90007	95-1656360	501(C)(3)	0.	9 018	VALUE	VARIOUS GOODS	HOMELESS.
111011111, 011 30001	75 1050500	501(0)(3)	<u> </u>	J, 010.	***************************************	TITLE GOODS	<u></u>

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa		- Fage 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
THE SALVATION ARMY HUNTINGTON PARK							TO ASSIST THE ENTITY WITH
2965 GAGE AVE.					FAIR MARKET		RESOURCES TO SUPPORT THE
HUNTINGTON PARK, CA 90255	94-1156347	501(C)(3)	0.	96,861.		VARIOUS GOODS	HOMELESS.
HONTINGTON PARK, CA 70233	J4 1130347	501(0)(3)	· · ·	30,001.	VALUE	VARIOUS GOODS	HOMELESS:
THE SALVATION ARMY SANTA FE							TO ASSIST THE ENTITY WITH
SPRINGS - 12000 E. WASHINGTON					FAIR MARKET		RESOURCES TO SUPPORT THE
BLVD WHITTIER, CA 90606	94-1156347	501(C)(3)	0.	75,807.		VARIOUS GOODS	HOMELESS.
22.2	71 1100017	001(0)(0)	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VIII.1002 00022	
THE SALVATION ARMY THE WAY IN							TO ASSIST THE ENTITY WITH
5939 HOLLYWOOD BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90028	94-1156347	501(C)(3)	0.	11,208.		VARIOUS GOODS	HOMELESS.
THE SALVATION ARMY WESTWOOD				,			•
TRANSITIONAL VILLAGE - 1401 S.							TO ASSIST THE ENTITY WITH
SEPULVEDA BLVD LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90025	95-1656360	501(C)(3)	0.	22,790.		VARIOUS GOODS	HOMELESS.
				,			•
THE SALVATION ARMY ZAHN CENTER							TO ASSIST THE ENTITY WITH
2737 W. SUNSET BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90026	95-1656360	501(C)(3)	0.	73,326.		VARIOUS GOODS	HOMELESS.
				,			-
THE TEEN PROJECT, INC.							TO ASSIST THE ENTITY WITH
8140 SUNLAND BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
SUN VALLEY, CA 91352	30-0421837	501(C)(3)	0.	22,890.	VALUE	VARIOUS GOODS	HOMELESS.
·				,			
THE VILLAGE FAMILY SERVICES							TO ASSIST THE ENTITY WITH
6736 LAUREL CANYON BLVD. #200					FAIR MARKET		RESOURCES TO SUPPORT THE
NORTH HOLLYWOOD, CA 90016	95-4625826	501(C)(3)	0.	13,794.	VALUE	VARIOUS GOODS	HOMELESS.
THE WAYFARER FOUNDATION							TO ASSIST THE ENTITY WITH
1438 N. GOWER STREET BOX 44					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90028	36-4848111	501(C)(3)	0.	139,209.	VALUE	VARIOUS GOODS	HOMELESS.
TOGETHER WE RISE							TO ASSIST THE ENTITY WITH
580 W. LAMBERT RD. SUITE A					FAIR MARKET		RESOURCES TO SUPPORT THE
BREA, CA 92821	26-3043727	501(C)(3)	0.	36,806.	VALUE	VARIOUS GOODS	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	(B) EIIV	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
TRUEVINE COMMUNITY OUTREACH							TO ASSIST THE ENTITY WITH
5238 CLARK ST					FAIR MARKET		RESOURCES TO SUPPORT THE
LYNWOOD, CA 90262	95-4340619	501(C)(3)	0.	37 <sub>.</sub> 561 <b>.</b>		VARIOUS GOODS	HOMELESS.
TURNING POINT ALCOHOL & DRUG	33 4340013	301(0)(3)	· · ·	37,301.	V11101	VIRCIOUD GOODD	I I I I I I I I I I I I I I I I I I I
EDUCATION PROGRAM, INC 608 W.							TO ASSIST THE ENTITY WITH
75TH STREET - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90044	26-4464781	501/01/31	0.	16,786.		VARIOUS GOODS	HOMELESS.
90044	20-4404/01	501(C)(3)	· ·	10,700.	VALUE	VARIOUS GOODS	HOMELESS.
U.S. VETERANS INITIATIVE							TO ASSIST THE ENTITY WITH
733 S. HINDRY AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
	95-4382752	501/01/31	0.	120 822		VARIOUS GOODS	HOMELESS.
INGLEWOOD, CA 90301	95-4362752	501(C)(3)	· ·	120,822.	VALUE	VARIOUS GOODS	HOMELESS.
UNION RESCUE MISSION							TO ASSIST THE ENTITY WITH
545 S. SAN PEDRO STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-1709293	501(C)(3)	0.	24,532.		VARIOUS GOODS	HOMELESS.
HOS ANGELLES, CA 90013	JS 170JZJS	501(0/(5/	· · ·	24,332.	VALUE	VARIOUS GOODS	HOHELESS.
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.	55,814 <b>.</b>		VARIOUS GOODS	HOMELESS.
UNIVERSITY PATHWAYS: PUBLIC	73 3730741	301(0)(3)	· · ·	33,014.	V11101	VIRCIOUD GOODD	I I I I I I I I I I I I I I I I I I I
SERVICE ACADEMY HIGH SCHOOL - 1415							TO ASSIST THE ENTITY WITH
FIRESTONE BLVD LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90001	95-6001908	501(C)(3)	0.	9,502.		VARIOUS GOODS	HOMELESS.
30001	33 0001300	301(0)(3)	· · ·	3,302.	VIIIOL	VIRCIOUD GOODS	I I I I I I I I I I I I I I I I I I I
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.	6.024.		VARIOUS GOODS	HOMELESS.
EOD INCLUDE, ON 90000	<u> </u>	301(0)(3)	· · ·	0,024.	V11101	VIRCIOUD GOODD	I I I I I I I I I I I I I I I I I I I
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.	30,283.		VARIOUS GOODS	HOMELESS.
USC SUZANNE DWORAK PECK SCHOOL OF	JJ 4200JZ0	501(0)(3)	1	30,203.	A1700E	VIMIOUD GOODS	FIOREDEDD .
SOCIAL WORK - 669 WEST 34TH							TO ASSIST THE ENTITY WITH
STREET, MRF 203 - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2)	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
VALLEY OASIS EMERGENCY SHELTER							TO ASSIST THE ENTITY WITE
P.O. BOX 2980					FAIR MARKET		RESOURCES TO SUPPORT THE
LANCASTER CA 93539	95-3582588	501 (C) (3)	0.	61,942.		VARIOUS GOODS	HOMELESS.
mineral in the second	33 3302300	501(0)(3)	**	01,312.	VIIIO	VIERTOOD GOODS	
VENICE COMMUNITY HOUSING							TO ASSIST THE ENTITY WITH
CORPORATION - 720 ROSE AVENUE -					FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	95-4200761	501(C)(3)	0.	65,895.		VARIOUS GOODS	HOMELESS.
,				,			
VENICE FAMILY CLINIC COMMON GROUND							TO ASSIST THE ENTITY WITH
604 ROSE AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
VENICE, CA 90291	95-2769432	501(C)(3)	0.	7,706.	VALUE	VARIOUS GOODS	HOMELESS.
·							
VILLAGE FOR VETS							TO ASSIST THE ENTITY WITH
11301 WILSHIRE BLVD.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90049	81-1275379	501(C)(3)	0.	45,561.	VALUE	VARIOUS GOODS	HOMELESS.
VOLUNTEERS OF AMERICA BRIDGE							
HOUSING FOR WOMEN - 3600 WILSHIRE							TO ASSIST THE ENTITY WITH
BLVD., SUITE 1500 - LOS ANGELES,					FAIR MARKET		RESOURCES TO SUPPORT THE
CA 90010	95-1691330	501(C)(3)	0.	27,985.	VALUE	VARIOUS GOODS	HOMELESS.
VOLUNTEERS OF AMERICA CRISIS							TO ASSIST THE ENTITY WITH
HOUSING - 3600 WILSHIRE BLVD.,					FAIR MARKET		RESOURCES TO SUPPORT THE
SUITE 1500 - LOS ANGELES, CA 90010	95-1691330	501(C)(3)	0.	17,516.	VALUE	VARIOUS GOODS	HOMELESS.
VOLUMBERG OF AMERICA FAMILY							TO AGGICE MUE ENTERN WITH
VOLUNTEERS OF AMERICA FAMILY					FAIR MARKET		TO ASSIST THE ENTITY WITH
EMERGENCY SHELTER - 8224 SOUTH	05 1601220	E01/G\/2\	0.	20 260		VARIOUS GOODS	RESOURCES TO SUPPORT THE
BROADWAY - LOS ANGELES, CA 90033	95-1691330	501(0)(3)	0.	38,260.	VALUE	VARIOUS GOODS	HOMELESS.
VOLUNTEERS OF AMERICA HOPE FOR							TO ASSIST THE ENTITY WITH
HOME - 3600 WILSHIRE BLVD. SUITE					FAIR MARKET		RESOURCES TO SUPPORT THE
1500 - LOS ANGELES, CA 90010	95-1691330	501(C)(3)	0.	52,725.		VARIOUS GOODS	HOMELESS.
1300 LOD ANGELLED, CA 30010	23 1021330	501(0)(3)	· · · · · ·	52,725.	V1110E	VIII.1009 G00D3	FIOTIBEDO.
VOLUNTEERS OF AMERICA PATHWAYS TO							TO ASSIST THE ENTITY WITH
HOME - 3600 WILSHIRE BLVD., SUITE					FAIR MARKET		RESOURCES TO SUPPORT THE
1500 - LOS ANGELES, CA 90010	95-1691330	501(C)(3)	0.	22,673.		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	art 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
VOLUNTEERS OF AMERICA TRANSITION							
HOUSE - 3600 WILSHIRE BLVD.,							TO ASSIST THE ENTITY WITH
SUITE. 1500 - LOS ANGELES, CA					FAIR MARKET		RESOURCES TO SUPPORT THE
90010	95-1691330	501(C)(3)	0.	12,576.	VALUE	VARIOUS GOODS	HOMELESS.
WEINGART CENTER ASSOCIATION							TO ASSIST THE ENTITY WITH
566 S. SAN PEDRO ST.					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90013	95-6054617	501(C)(3)	0.	60,874.		VARIOUS GOODS	HOMELESS.
and include, on your	33 0031017	301(0)(3)	•	00,071.	VIIIOE	VIRGOS GOODS	
WELLNEST EMOTIONAL HEALTH AND							TO ASSIST THE ENTITY WITH
WELLNESS - 3031 SOUTH VERMONT AVE					FAIR MARKET		RESOURCES TO SUPPORT THE
- LOS ANGELES, CA 90007	95-1690974	501(C)(3)	0.	38,588.	VALUE	VARIOUS GOODS	HOMELESS.
<u> </u>				,			
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(C)(3)	0.	31,053.	VALUE	VARIOUS GOODS	HOMELESS.
WHITTIER AREA FIRST DAY COALITION							TO ASSIST THE ENTITY WITH
12426 WHITTIER BLVD, 2ND FLOOR					FAIR MARKET		RESOURCES TO SUPPORT THE
WHITTIER, CA 90602	93-1141844	501(C)(3)	0.	15,594.	VALUE	VARIOUS GOODS	HOMELESS.
WLCAC-HOMELESS ASSISTANCE PROGRAM							TO ASSIST THE ENTITY WITH
958 E. 108TH STREET					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90059	95-2412869	501(C)(3)	0.	21,677.		VARIOUS GOODS	HOMELESS.
HOS ANGELIES, CA 70037	J3 Z41Z00J	301(0)(3)	· ·	21,077.	VALUE	VARTOOD GOODS	HOMELESS.
WOMEN HELPING WOMEN							TO ASSIST THE ENTITY WITH
2803 MCGAW AVENUE					FAIR MARKET		RESOURCES TO SUPPORT THE
IRVINE, CA 92614	33-0576900	501(C)(3)	0.	5,937.	VALUE	VARIOUS GOODS	HOMELESS.
WOMEN ORGANIZING RESOURCES,				,			
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.	40,634.		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.	18,280.	VALUE	VARIOUS GOODS	HOMELESS.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	i <b>ited States</b> (Sch I	iedule I (Form 990), Pa T	ırt II.) T	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
WORKING DREAMS							TO ACCION THE ENTITY WITH
					FAIR MARKET		TO ASSIST THE ENTITY WIT RESOURCES TO SUPPORT THE
118 S. BEVERLY DRIVE, STE. 222 BEVERLY HILLS, CA 90212	45-1208361	501/C)/3)	0.	5,759.		VARIOUS GOODS	HOMELESS.
SEVEREI HILLD, CA 70212	45 1200301	301(0)(3)	· · ·	3,733.	VALUE	VARIOUS GOODS	HOMEBESS:
YWCA GREATER LOS ANGELES							TO ASSIST THE ENTITY WIT
1020 S. OLIVE STREET, 7TH FLOOR					FAIR MARKET		RESOURCES TO SUPPORT THE
LOS ANGELES, CA 90015	95-1652919	501(C)(3)	0.	6,785.		VARIOUS GOODS	HOMELESS.
·				,			

(a) Type of grant or assistance	(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
Part IV Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	
PART I, LINE 2:					
APPLICATION REVIEW, SITE VISITS A	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 instructions and the latest information.

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

Par	rt I Types of Property					•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	termin	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		25,504	600.	FAIR MARKET	VA:	LUE	
6	Cars and other vehicles			. ,					
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	1.	004.	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	zation durino	the tax year for c	ontributions		•			
	for which the organization completed Form 82				29				
		, ,	•		•			Yes	No
30a	During the year, did the organization receive by	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				-				
	exempt purposes for the entire holding period?								Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard	contribut	ions?	31		Х
	Does the organization hire or use third parties								
	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.	(-)	), · · · [- · - [- · · · · · · · · · · · ·		. ,	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019	SHELTER	PARTNERSHIP,	INC.	95-3976214	Page 2
Part II	Supplemental	Information	<ul> <li>Provide the information e number of contributions</li> </ul>	required by Part I, lines 30b, 32b, and 33, s, the number of items received, or a comb	and whether the organization of both. Also complete	on

## **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.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SHELTER PARTNERSHIP, INC.

Employer identification number 95-3976214

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

TODDLERS AND BABIES; THOUSANDS OF BARS OF SOAP; CLEANING SUPPLIES, SUCH

AS BLEACH AND DISHWASHER DETERGENT; HOUSEHOLD GOODS; PAPER PRODUCTS,

INCLUDING DIAPERS; COMFORTERS, PILLOWS, PILLOWCASES AND BLANKETS; TOYS

AND ARTS AND CRAFTS KITS; FURNISHING ITEMS FOR TODDLERS AND BABIES

INCLUDING STROLLERS, HIGH-CHAIRS; AND CAR-SEATS AND SO MUCH MORE.

THESE ITEMS ASSIST THE AGENCIES IN MANAGING THEIR OPERATING COSTS AND

IMPROVING THE QUALITY OF LIFE FOR PEOPLE EXPERIENCING HOMELESSNESS,

CHILDREN IN FOSTER CARE, AND HOUSEHOLDS EXPERIENCING POVERTY.

THE S. MARK TAPER FOUNDATION SHELTER RESOURCE BANK HAS RESPONDED TO THE

CURRENT HEALTH CRISIS BY PROVIDING ESSENTIAL SUPPLIES LIKE EMERGENCY

BLANKETS, FACEMASKS, HAND SANITIZER, DISINFECTANT BLEACH, SOAP,

DIAPERS, AND SOCKS TO OUR NETWORK OF COMMUNITY SERVICE AGENCIES. WE ARE

ALSO DISTRIBUTING EMERGENCY SUPPLIES TO SHELTERS AND HOTEL/MOTEL BEDS

THAT THE CITY AND COUNTY OF LOS ANGELES HAVE SET UP DURING THE

PANDEMIC. WE HAVE DISTRIBUTED OVER \$1,000,000 WORTH OF NEEDED GOODS TO

THESE ENDEAVORS. THESE PANDEMIC-RELATED EFFORTS HAVE COME ON TOP OF THE

WAREHOUSE'S STANDARD DISTRIBUTION SCHEDULE.

THESE PANDEMIC-RELATED EFFORTS HAVE COME ON TOP OF THE WAREHOUSE'S

STANDARD DISTRIBUTION SCHEDULE. DUE TO SOCIAL DISTANCING MEASURES, WE

WERE UNABLE TO UTILIZE VOLUNTEERS THIS YEAR. (IN AN AVERAGE CALENDAR

YEAR, WE HOST WELL OVER 300 VOLUNTEERS AT OUR WAREHOUSE.) WE'VE

PROACTIVELY USED TEMPORARY WORKERS MORE THAN PREVIOUS YEARS; BETWEEN

2-4 TEMPS HAVE BEEN EMPLOYED AT THE WAREHOUSE AT VARIOUS POINTS DURING

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

THE FISCAL YEAR.

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

HEARTH ACT TO OVERSEE THE FUNDING, OPERATIONS, AND EVALUATION OF THE

COC PROGRAM LOCALLY. THIS WORK INCLUDED EDUCATING BOARD MEMBERS ON

TRENDS AND NEEDS IN REGIONAL HOMELESSNESS AND HOW THE HOMELESS SERVICES

SYSTEM IS PERFORMING. IT ALSO INCLUDED REGULAR CONVENING OF WORK GROUPS

TO SET PERFORMANCE STANDARDS FOR COC-FUNDED PROJECTS, ESTABLISH FUNDING

PRIORITIES FOR FUTURE PROJECTS TO ADDRESS SERVICE GAPS, AND STRATEGIZE

ABOUT WAYS TO IMPROVE THE COC'S COMPETITIVENESS IN THE NATIONAL FUNDING

COMPETITION. THIS WORK NORMALLY ENTAILS HELPING THE LOS ANGELES

HOMELESS SERVICES AUTHORITY (LAHSA) TO WRITE AND SUBMIT THE \$150+

MILLION COC PROGRAM APPLICATION TO THE U.S. DEPARTMENT OF HOUSING AND

URBAN DEVELOPMENT, BUT DUE TO THE CORONA VIRUS PANDEMIC, HUD CANCELED

THE 2020 COMPETITION.

BUILDING UPON PRIOR EFFORTS ASSISTING LOCAL JURISDICTIONS TO DEVELOP

PLANS TO PREVENT AND END HOMELESSNESS, SHELTER PARTNERSHIP WORKED WITH

THE COUNTY OF LOS ANGELES CHIEF EXECUTIVE OFFICE'S HOMELESS INITIATIVE

AND THE OFFICE OF SUPERVISOR KATHRYN BARGER TO FACILITATE THE

DEVELOPMENT OF A HOMELESS PLAN FOR UNINCORPORATED ANTELOPE VALLEY, A

PREDOMINANTLY RURAL AREA WITH FEW SERVICES BUT INCREASING HOUSING AND

HOMELESSNESS CHALLENGES. THE PLAN, SUBMITTED IN DECEMBER 2019, INCLUDED

A DETAILED NEEDS ASSESSMENT AND ACCOMPANYING RECOMMENDATIONS, WITH SOME

RECOMMENDED FUNDING SOURCES AND PRELIMINARY SITES FOR VARIOUS PURPOSES.

RECOMMENDATIONS COVERED MULTIPLE AREAS (E.G., PERMANENT HOUSING ACCESS

AND PRODUCTION, INTERIM HOUSING, COORDINATION, HOMELESSNESS PREVENTION,

WORKFORCE DEVELOPMENT, HEALTH AND HOUSING INTEGRATION) AND INCLUDED A

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. SET OF ACTION STEPS FOR IMPLEMENTATION. SHELTER PARTNERSHIP HAS BEEN PLAYING A LEADERSHIP ROLE IN THE DEVELOPMENT AND ONGOING OPERATIONS OF THE LOS ANGELES AGING POLICY ACTION TEAM (PAT), A COALITION OF SERVICE PROVIDERS, 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 FOR 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 TO IMPROVE AND EXPAND THE ASSISTED LIVING WAIVER PROGRAM (ALW) WHICH PROVIDES ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (E.G., EATING, BATHING, DRESSING, MEDICATION MANAGEMENT) TO MEDI-CAL ELIGIBLE ADULTS, INCLUDING OLDER ADULTS, TO DIVERT THEM FROM INTUITIONAL PLACEMENT. PAT IS ALSO ADVOCATING FOR THE LOCAL IMPLEMENTATION OF COVID HOUSING RESOURCES TO BE MORE ACCOMMODATING TO THE NEEDS OF OLDER ADULTS. IN THE SUMMER OF 2020, SHELTER PARTNERSHIP, ALONG WITH THE CORPORATION FOR SUPPORTIVE HOUSING (CSH), LAHSA, AND THE UNITED WAY OF GREATER LA, LAUNCHED THE CONVENING OF THREE WORKGROUPS OF HOMELESS SERVICES PROVIDERS AND SENIOR SERVICES PROVIDERS IN SPAS 4, 5, & 6 (METRO, WEST, & SOUTH LA) TO BRIDGE THE GAP BETWEEN THE TWO SECTORS AND DEVELOP PILOTS TO ADDRESS OLDER ADULT HOMELESSNESS. THE GOAL OF THESE WORKGROUPS IS TO DEVELOP MODELS THAT COULD BE REPLICATED COUNTYWIDE. SHELTER PARTNERSHIP ADVISED THE LOS ANGELES HOUSING AND COMMUNITY

INVESTMENT DEPARTMENT (HCIDLA) IN ITS ADMINISTRATION OF THE HOUSING

Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM WHICH PROVIDES HOUSING AND SERVICES TO HOMELESS AND AT-RISK PERSONS LIVING WITH HIV/AIDS THROUGHOUT THE COUNTY. IN 2020, SHELTER PARTNERSHIP HELD A SERIES OF FOCUS GROUPS WITH HOPWA CONTRACTORS AND CONDUCTED RESEARCH ON OTHER JURISDICTIONS' SHORT-TERM RENTAL ASSISTANCE PROGRAMS TO INFORM HCIDLA'S 2020 HOPWA REQUEST FOR PROPOSALS (RFP). SINCE 1994, SHELTER PARTNERSHIP HAS ADMINISTERED THE SUPPORT FOR HOMELESS RE-ENTRY PROGRAM (SHORE) FUNDED BY METRO. THIS INNOVATIVE PROGRAM, WHICH WE CONCEPTUALIZED AND DEVELOPED WITH THE CITY TRANSPORTATION DEPARTMENT, CURRENTLY PROVIDES TRANSPORTATION TAP CARDS TO 18 HOMELESS SERVICE AGENCIES THROUGHOUT THE METROPOLITAN LOS ANGELES AREA. DURING FISCAL YEAR 2019-20, 5,380 INDIVIDUALS WERE ASSISTED WITH 42,333 TAP CARDS. HOMELESS INDIVIDUALS AND FAMILIES USED THE TAP CARDS FOR TRANSPORTATION TO MEET NEEDS RELATED TO JOBS, HOUSING, EDUCATION, BENEFITS, MEDICAL CARE, MENTAL HEALTH CARE, AND LEGAL ASSISTANCE. 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 ASSISTED IN DESIGNING THE GUIDELINES AND REVIEWED PROPOSALS' SERVICE PLANS FOR VARIOUS PUBLIC FUNDING PROGRAMS, INCLUDING THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY'S AFFORDABLE RENTAL HOUSING PROGRAM AND NO PLACE LIKE HOME AND THE CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT'S MULTIFAMILY HOUSING PROGRAM, VETERANS HOUSING AND HOMELESS PREVENTION PROGRAM, NO PLACE LIKE HOME,

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 95-3976214 SHELTER PARTNERSHIP, INC. AND HOUSING FOR A HEALTHY CALIFORNIA. EACH OF THESE PROGRAMS PROVIDES CAPITAL FUNDING FOR THE DEVELOPMENT AND PRESERVATION OF AFFORDABLE HOUSING, INCLUDING PERMANENT SUPPORTIVE HOUSING FOR VARIOUS HOMELESS AND AT-RISK POPULATIONS. 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 WWW.GUIDESTAR.ORG AND ON SHELTER PARTNERSHIP, INC.'S WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization SHELTER PARTNERSHIP, INC.	Employer identification number 95-3976214
PART XII, LINE 2C	
THE AUDIT OVERSIGHT COMMITTEE HAS NOT CHANGED ITS PROCESS	SINCE THE
PRIOR YEAR.	