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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
SHELTER PARTNERSHIP INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

520 S GRAND AVE SUITE 695

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90071

F Name and address of principal officer:  
LANCE SIMON  
520 S GRAND AVE STE 695  
LOS ANGELES, CA 90071

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No

H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number  
95-3976214

E Telephone number  
(213) 688-2188

G Gross receipts \$ 27,451,511

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SHELTERPARTNERSHIP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
COLLABORATIVELY SOLVING HOMELESSNESS IN LOS ANGELES COUNTY.

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

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

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

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

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

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

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶301,664

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*  
Signature of officer

2021-05-06  
Date

LANCE SIMON CHAIR  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate

Check ☐ if self-employedPTIN P00441843

Firm's name ▶ GURSEY SCHNEIDER LLPFirm's EIN ▶ 95-3309779

Firm's address ▶ 1888 CENTURY PARK E 900  
LOS ANGELES, CA 90067Phone no. (310) 552-0960

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282YForm 990 (2019)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SHELTER PARTNERSHIP, INC. IS A NONPROFIT ORGANIZATION COLLABORATIVELY SOLVING HOMELESSNESS IN LOS ANGELES COUNTY THROUGH POLICY ANALYSIS, PROGRAM DESIGN, RESOURCE DEVELOPMENT, AND ADVOCACY IN SUPPORT OF AGENCIES AND LOCAL GOVERNMENTS THAT SERVE THE HOMELESS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

<b>4a</b>	(Code: ) (Expenses \$	16,705,872	including grants of \$	15,507,218 ) (Revenue \$	26,462,397 )
	See Additional Data				


















<b>4b</b>	(Code: ) (Expenses \$	456,970	including grants of \$	) (Revenue \$	338,597 )
	See Additional Data				

<b>4c</b>	(Code: ) (Expenses \$		including grants of \$	) (Revenue \$	)
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<b>4d</b>	Other program services (Describe in Schedule O.)				
	(Expenses \$		including grants of \$	) (Revenue \$	)

<b>4e</b>	<b>Total program service expenses ▶</b>	17,162,842
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b> Yes	
<b>b</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 	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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 (see instructions)	<b>17</b>	No
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	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 . . . . .	<b>22</b>	No
<b>23</b>	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 . . . . .	<b>23</b>	No
<b>24a</b>	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 . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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 Schedule L, Part I . . . . .	<b>25b</b>	No
<b>26</b>	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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b>	No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<b>37</b>	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 . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	17
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

<b>2a</b> 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 . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">2a</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">13</div>			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .		<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">7d</div>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">10a</div>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">10b</div>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">11a</div>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">11b</div>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">12b</div>	<b>12a</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>		
<b>b</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 . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">13b</div>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">13c</div>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .		<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 720, Schedule N.		<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		<b>16</b>		No

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	18	
<b>2</b>	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	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	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	No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</b>	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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	No
<b>b</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	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☒ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**▶ TRACY WALLACE 520 S GRAND AVENUE SUITE 695 LOS ANGELES, CA 90071 (213) 688-2188**

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN ADLER ..... DIRECTOR	3.00 .....	X						0	0	0
(2) BRIAN CULLINAN ..... DIRECTOR	3.00 .....	X						0	0	0
(3) DANIEL MOREFIELD ..... DIRECTOR	3.00 .....	X						0	0	0
(4) JOHN DEFAZIO ..... CHAIR	5.00 .....	X		X				0	0	0
(5) KEITH SHARP ESQ ..... DIRECTOR	3.00 .....	X						0	0	0
(6) LOUISE OLIVER ..... SECRETARY	3.00 .....	X		X				0	0	0
(7) PETER BARKER ..... DIRECTOR	3.00 .....	X						0	0	0
(8) THOMAS LANE ..... DIRECTOR	3.00 .....	X						0	0	0
(9) WILLIAM WITTE ..... DIRECTOR	3.00 .....	X						0	0	0
(10) RONALD M GRIFFITH ..... DIRECTOR	3.00 .....	X						0	0	0
(11) KEVIN SULLIVAN ..... TREASURER	3.00 .....	X		X				0	0	0
(12) JEFFREY KEAN ..... DIRECTOR	3.00 .....	X						0	0	0
(13) ERICH KLEIN ..... DIRECTOR	3.00 .....	X						0	0	0
(14) LANCE SIMON ..... DIRECTOR	3.00 .....	X						0	0	0
(15) RODNEY SWAN ..... DIRECTOR	3.00 .....	X						0	0	0
(16) TERRI KAPLAN ..... DIRECTOR	3.00 .....	X						0	0	0
(17) GAIL Q GIBSON ..... DIRECTOR	3.00 .....	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARMAINE ATHERTON ..... DIRECTOR	3.00 .....	X						0	0	0
(19) RUTH SCHWARTZ ..... EXECUTIVE DIRECTOR	40.00 .....			X				116,920	0	12,298
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								116,920	0	12,298

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

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

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

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



Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c	29,044			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	562,057			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,554,065			
	g	Noncash contributions included in lines 1a - 1f:\$	1g	25,505,604			
	h Total. Add lines 1a-1f . . . . . ▶			27,145,166			
Program Service Revenue	2a		CONSULTING SERVICES	Business Code			
				541610	297,879	297,879	
	b						
	c						
	d						
	e						
	f		All other program service revenue.				
	g Total. Add lines 2a-2f. . . . . ▶			297,879			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,212		4,212
	4		Income from investment of tax-exempt bond proceeds ▶				
	5		Royalties . . . . . ▶				
	6a	6a	(i) Real	(ii) Personal			
	b	6b					
	c	6c					
	d			Net rental income or (loss) . . . . . ▶			
	7a	7a	(i) Securities	(ii) Other			
b	7b						
c	7c						
d			Net gain or (loss) . . . . . ▶				
8a	8a	Gross income from fundraising events (not including \$ 29,044 of contributions reported on line 1c). See Part IV, line 18 . . . . .			4,218		
b	8b	Less: direct expenses . . . . .			4,218		
c			Net income or (loss) from fundraising events . . . ▶		0		
9a	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .					
b	9b	Less: direct expenses . . . . .					
c			Net income or (loss) from gaming activities . . . ▶				
10a	10a	Gross sales of inventory, less returns and allowances . . .					
b	10b	Less: cost of goods sold . . .					
c			Net income or (loss) from sales of inventory . . . ▶				
Miscellaneous Revenue		Business Code					
11a		OTHER INCOME	900099	36	36		
b							
c							
d		All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . . ▶			36				
12 Total revenue. See instructions . . . . . ▶			27,447,293	297,915	0	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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	15,507,218	15,507,218		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	129,218	116,920	5,798	6,500
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	764,888	558,511	34,192	172,185
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	186,538	157,008	14,379	15,151
<b>10</b> Payroll taxes . . . . .	83,685	68,282	1,921	13,482
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	39,704	33,049	1,208	5,447
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	109,036	64,169	18,978	25,889
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	49,857	40,111	1,782	7,964
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	84,586	47,580	4,531	32,475
<b>17</b> Travel . . . . .	2,956		2,956	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	316,000	310,133	571	5,296
<b>23</b> Insurance . . . . .	33,493	29,438	395	3,660
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> WAREHOUSING	74,544	74,544		
<b>b</b> REPAIRS AND MAINTENANCE	46,426	46,426		
<b>c</b> INVENTORY OBSOLESCENCE	32,193	32,193		
<b>d</b> TELEPHONE	26,902	24,929	361	1,612
<b>e</b> All other expenses	68,718	52,331	4,384	12,003
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,555,962	17,162,842	91,456	301,664
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		464,918	<b>1</b>	791,830	
	<b>2</b>	Savings and temporary cash investments . . . . .		250,000	<b>2</b>	250,000	
	<b>3</b>	Pledges and grants receivable, net . . . . .		59,444	<b>3</b>	121,555	
	<b>4</b>	Accounts receivable, net . . . . .		87,720	<b>4</b>	50,000	
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		20,138,312	<b>8</b>	30,149,800	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		32,200	<b>9</b>	55,850	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	9,200,866			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	3,971,709	5,503,900	<b>10c</b>	5,229,157
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		26,536,494	<b>16</b>	36,648,192		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		120,667	<b>17</b>	341,034	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			<b>25</b>		
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		120,667	<b>26</b>	341,034	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		2,716,843	<b>27</b>	2,615,733	
	<b>28</b>	Net assets with donor restrictions . . . . .		23,698,984	<b>28</b>	33,691,425	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		26,415,827	<b>32</b>	36,307,158	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		26,536,494	<b>33</b>	36,648,192		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	27,447,293
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,555,962
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,891,331
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	26,415,827
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	36,307,158

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3976214

**Name:** SHELTER PARTNERSHIP INC

Form 990 (2019)

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### Form 990, Part III, Line 4a:

MATERIALS ASSISTANCE - SINCE THE SHELTER PARTNERSHIP S. MARK TAPER FOUNDATION SHELTER RESOURCE BANK'S INCEPTION IN 1989, OVER \$270 MILLION IN PRODUCTS HAVE BEEN DISTRIBUTED.DURING OUR MOST RECENT FISCAL YEAR, THE S. MARK TAPER FOUNDATION SHELTER RESOURCE BANK SECURED \$25.4 MILLION IN NEW PRODUCTS. WE DISTRIBUTED \$15.9 MILLION IN NEW PRODUCTS, AT NO CHARGE TO 291 AGENCIES/PROJECTS SERVING THE HOMELESS, FOSTER YOUTH, AND HOUSEHOLDS LIVING IN POVERTY IN LOS ANGELES COUNTY.GOODS INCLUDED THOUSANDS OF PIECES AND PAIRS OF NEW CLOTHING, PAJAMAS, SWEATERS, DRESS AND ATHLETIC SHOES, AND SOCKS TO MEN, WOMEN, CHILDREN, 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 THE FISCAL YEAR.

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## Form 990, Part III, Line 4b:

PUBLIC POLICY/TECHNICAL ASSISTANCE - SHELTER PARTNERSHIP'S EXPERTISE AND GUIDANCE TO PUBLIC AGENCIES AND NON-PROFIT PROVIDERS RESULTS IN SIGNIFICANT IMPROVEMENTS TO THE DESIGN OF SYSTEMS OF CARE AND IMPLEMENTATION OF REGIONAL PROGRAMS SERVING HOUSEHOLDS WHO EXPERIENCE OR ARE AT-RISK OF HOMELESSNESS. SHELTER PARTNERSHIP WORKS TO PREVENT AND END HOMELESSNESS FOR VARIOUS POPULATIONS, SUCH AS OLDER ADULTS, PEOPLE WITH MENTAL ILLNESS AND/OR SUBSTANCE USE ISSUES, VETERANS, FAMILIES, YOUTH, PEOPLE LIVING WITH HIV/AIDS, AND DOMESTIC VIOLENCE SURVIVORS. SHELTER PARTNERSHIP CO-FACILITATED THE WORK OF THE LOS ANGELES CONTINUUM OF CARE BOARD, A GOVERNANCE BODY REQUIRED UNDER THE FEDERAL 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 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 MEDICAL 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 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, 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.

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SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
SHELTER PARTNERSHIP INC

Employer identification number  
95-3976214

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	9,583,049	8,456,880	10,290,745	14,628,256	27,145,166	70,104,096
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> Add lines 1 through 3	9,583,049	8,456,880	10,290,745	14,628,256	27,145,166	70,104,096
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) . .						38,679,586
6	<b>Public support.</b> Subtract line 5 from line 4.						31,424,510

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . . . .	9,583,049	8,456,880	10,290,745	14,628,256	27,145,166	70,104,096
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part VI.). . . . .	132					132
11	<b>Total support.</b> Add lines 7 through 10						70,119,134
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b> 44.820 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b> 60.730 %
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>					
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>					
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>					
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>					
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>					



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2019.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2018.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>If "No," describe in <b>Part VI</b> 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.</i>		
<b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>If "Yes," then in <b>Part VI</b> 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.</i>		
<b>b</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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section 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	
Section 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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 95-3976214  
Name: SHELTER PARTNERSHIP INC

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

Facts And Circumstances Test

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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 Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(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-.
1					
2					
3					
4					
5					
6					

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		2,500
<b>j</b>	Total. Add lines 1c through 1i .....			2,500
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	THE ORGANIZATION WROTE LETTERS, E-MAILS, MADE PHONE CALLS AND POSTED ON FACEBOOK AND TWITTER ON A FEW LOCAL, STATE AND FEDERAL LEGISLATIVE PROPOSALS.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
SHELTER PARTNERSHIP INC

Employer identification number  
95-3976214

Part I

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

	(a) Donor advised 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

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

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other .....

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .			
b	Buildings . . . . .	5,732,117	2,483,923	3,248,194
c	Leasehold improvements	3,028,156	1,099,811	1,928,345
d	Equipment . . . . .	440,593	387,975	52,618
e	Other . . . . .			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			5,229,157

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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 organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	27,447,293
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	27,447,293
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	27,447,293

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	17,555,962
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,555,962
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-3976214  
**Name:** SHELTER PARTNERSHIP INC

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	SHELTER PARTNERSHIP, INC. IS A TAX-EXEMPT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA. SHELTER PARTNERSHIP, INC. DOES NOT HAVE ANY REVENUE WHICH IT BELIEVES WOULD SUBJECT IT TO UNRELATED BUSINESS INCOME TAXES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 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.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>MAGIC CASTLE</b> (event type)	(event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	17,500		15,762	33,262
	<b>2</b> Less: Contributions . . . . .	14,938		14,106	29,044
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	2,562		1,656	4,218
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	2,562		1,656	4,218
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				4,218
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				0	

**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.

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

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

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

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

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

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

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>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 ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....		

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

SHELTER PARTNERSHIP INC

Employer identification number

95-3976214

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 215

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	APPLICATION REVIEW, SITE VISITS AS APPROPRIATE.

Additional Data

Software ID:  
Software Version:  
EIN: 95-3976214  
Name: SHELTER PARTNERSHIP INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
1736 FAMILY CRISIS CENTER 21707 HAWTHORNE BLVD 300 TORRANCE, CA 90503	95-3989251	501(C)(3)		58,428	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
A COMMUNITY OF FRIENDS 9130 S FIGUEROA STREET LOS ANGELES, CA 90003	95-4203106	501(C)(3)		130,429	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AIDS PROJECT LOS ANGELES 611 SOUTH KINGSLEY DRIVE LOS ANGELES, CA 90005	95-3842506	501(C)(3)		62,251	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ALCOHOLISM CENTER FOR WOMEN 1147 SOUTH ALVARADO STREET LOS ANGELES, CA 90006	23-7428537	501(C)(3)		33,916	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDRIA HOUSE 426 S ALEXANDRIA AVENUE LOS ANGELES, CA 90020	95-4809755	501(C)(3)		14,836	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ALTAMED 512 S INDIANA STREET LOS ANGELES, CA 90068	95-2810095	501(C)(3)		54,462	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMITY FOUNDATION OF CALIFORNIA 3760 S GRAND AVE LOS ANGELES, CA 90007	77-0418201	501(C)(3)		14,453	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ANTELOPE VALLEY DOMESTIC VIOLENCE COUNCIL HOMELESS OUTREACH PO BOX 2980 LANCASTER, CA 93539	95-3582588	501(C)(3)		5,081	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ANTELOPE VALLEY PARTNERS FOR HEALTH 44226 10TH STREET LANCASTER, CA 93534	47-0957404	501(C)(3)		98,483	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ASIAN AMERICAN DRUG ABUSE PROGRAM (AADAP) 5318 S CRENSHAW BLVD LOS ANGELES, CA 90043	95-2848695	501(C)(3)		12,685	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AVIVA FAMILY AND CHILDREN'S SERVICES 7120 FRANKLIN AVENUE LOS ANGELES, CA 90046	95-1693616	501(C)(3)		21,883	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
BABY2BABY 6435 WILSHIRE BLVD LOS ANGELES, CA 90048	27-3261289	501(C)(3)		37,638	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER 43322 GINGHAM AVE LANCASTER, CA 93535	23-7376148	501(C)(3)		32,526	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
BEACON HOUSE ASSOC OF SAN PEDRO 1003 SOUTH BEACON ST SAN PEDRO, CA 90731	23-7376148	501(C)(3)		17,119	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BEHAVIORAL HEALTH SERVICES INC JOINT EFFORTS INC 15519 CRENSHAW BLVD GARDENA, CA 90249	95-2838006	501(C)(3)		115,677	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
BIBLE TABERNACLE 1761 WASHINGTON WAY VENICE, CA 90291	95-2978913	501(C)(3)		35,889	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BIENESTAR HUMAN SERVICES INC 5326 E BEVERLY BLVD LOS ANGELES, CA 90022	95-4505737	501(C)(3)		42,161	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
BRIDGE TO HOME PO BOX 802978 SANTA CLARITA, CA 91380	95-4587823	501(C)(3)		19,169	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BRYANT TEMPLE COMMUNITY DEVELOPMENT CORPORATION 2525 WEST VERNON AVE LOS ANGELES, CA 90047	81-4792341	501(C)(3)		38,500	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CANGRESS 530 SOUTH MAIN STREET LOS ANGELES, CA 90013	02-0661629	501(C)(3)		63,117	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CARSON COORDINATING COUNCIL 17700 AVALON BLVD 38 CARSON, CA 90746	33-0274284	501(C)(3)		29,832	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CASA YOUTH SHELTER 10911 REAGAN STREET LOS ALAMITOS, CA 90720	95-3218061	501(C)(3)		8,819	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ANGEL'S FLIGHT 357 S WESTLAKE AVENUE LOS ANGELES, CA 90057	95-1690973	501(C)(3)		27,098	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CATHOLIC CHARITIES OF LOS ANGELES LOAVES & FISHES I 4322 SAN FERNANDO ROAD GLENDALE, CA 91204	95-1690973	501(C)(3)		38,550	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 JAMES M WOODS BLVD LOS ANGELES, CA 90015	95-1690973	501(C)(3)		53,345	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CATHOLIC RAINBOW OUTREACH 11419 CARMENITA WHITTIER, CA 90605	95-3096644	501(C)(3)		34,163	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CENTER FOR THE PACIFIC ASIAN FAMILY 543 NORTH FAIRFAX AVE 108 LOS ANGELES, CA 90036	95-3532351	501(C)(3)		23,152	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CENTRAL CITY ACTION COMMITTEE 534 N EAST EDGEWARE ROAD LOS ANGELES, CA 90026	23-7363312	501(C)(3)		7,504	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S BUREAU OF SOUTHERN CA 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007	95-1690975	501(C)(3)		75,863	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CHOISS PERMANENT SUPPORTIVE HOUSING ALLIANCE FOR HOUSING AND HEALING 825 COLORADO BLVD STE 100 LOS ANGELES, CA 90041	95-4147364	501(C)(3)		9,310	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHRISTIAN OUTREACH APPEAL 515 EAST 3RD STREET LONG BEACH, CA 90802	33-0008271	501(C)(3)		81,129	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
CITY OF LOS ANGELES OFFICE OF CONTROLLER 200 N MAIN STREET ROOM 1200 LOS ANGELES, CA 90012	95-8000735	501(C)(3)		294,741	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT 3101 S GRAND AVENUE LOS ANGELES, CA 90007	20-2445113	501(C)(3)		10,550	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
COMMUNICATION & TECHNOLOGY SCHOOL DIEGO RIVERA LEARNING COMPLEX 6100 S CENTRAL AVE LOS ANGELES, CA 90001	95-6001908	501(C)(3)		22,901	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COVENANT HOUSE 1325 N WESTERN AVENUE HOLLYWOOD, CA 90027	13-3391210	501(C)(3)		48,618	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
COVER THE HOMELESS MINISTRY 1332 S ORANGE DRIVE LOS ANGELES, CA 90019	91-2094255	501(C)(3)		5,524	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROSSROADS INC PO BOX 15 CLAREMONT, CA 91711	95-2925985	501(C)(3)		6,386	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
DANA MIDDLE SCHOOL THE LOS ANGELES FUND FOR PUBLIC EDUCATION 1501 S CABRILLO AVENUE SAN PEDRO, CA 90731	45-2443162	501(C)(3)		29,204	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DAVID & MARGARET HOME THE 1350 THIRD STREET LA VERNE, CA 91750	95-4232535	501(C)(3)		18,336	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
DEEP GREEN HOUSING & COMMUNITY DEVELOPMENT 400 W 9TH STREET SUITE 100 LOS ANGELES, CA 90015	95-4313200	501(C)(3)		100,794	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DIDI HIRSCH COMM MENTAL HEALTH CTR 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)		42,102	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	31-1597223	501(C)(3)		16,711	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EAST SAN GABRIEL VALLEY COALITION FOR THE HOMELESS 1345 TURNBULL CANYON ROAD HACIENDA HTS, CA 91715	95-4508436	501(C)(3)		24,233	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ECUMENICAL COUNCIL OF PASADENA AREA CHURCHES - BAD WEATHER SHELTER 444 E WASHINGTON BLVD PASADENA, CA 91104	95-1644608	501(C)(3)		30,435	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EL CAMINO COMMUNITY COLLEGE DISTRICT FOUNDATION 16007 CRENSHAW BLVD TORRANCE, CA 90506	95-3874302	501(C)(3)		39,523	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ELIZABETH HOUSE 760 SANTA BARBARA STREET PASADENA, CA 91101	95-4451243	501(C)(3)		5,712	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ELLA'S FOUNDATION 3006 S VERMONT AVE 113 LOS ANGELES, CA 90007	80-0679091	501(C)(3)		67,415	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
EMOTIONAL HEALTH ASSOCIATION 6666 GREEN VALLEY CIRCLE CULVER CITY, CA 90230	95-6092809	501(C)(3)		14,187	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EPHESUS SEVENTH-DAY ADVENTIST CHURCH 7005 S WESTERN AVENUE LOS ANGELES, CA 90047	52-0643036	501(C)(3)		9,092	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ESSENCE OF LIGHT 744 WEST 111TH STREET LOS ANGELES, CA 90044	80-0069684	501(C)(3)		12,254	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
EXTRAORDINARY FAMILIES 221 NORTH ARDMORE AVE LOS ANGELES, CA 90004	95-4440220	501(C)(3)		5,061	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
FAMILY RESCUE CENTER 22103 VANOWEN STREET CANOGA PARK, CA 91303	33-1018720	501(C)(3)		13,288	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FATHERS AND MOTHERS WHO CARE INC 10975 S VERMONT AVE LOS ANGELES, CA 90044	95-4648247	501(C)(3)		15,045	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
FEED THE CHILDREN 333 N MERIDIAN AVENUE OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)		7,045,505	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FIRST AFRICAN METHODIST EPISCOPAL CHURCH 2270 SOUTH HARVARD BLVD LOS ANGELES, CA 90018	95-6142291	501(C)(3)		29,814	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
FIRST TO SERVE INC 1017 W 50TH STREET LOS ANGELES, CA 90037	91-2167028	501(C)(3)		70,154	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY 801 E CHAPMAN AVENUE SUITE 203 FULLERTON, CA 92831	95-2492427	501(C)(3)		12,459	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
FOSTER CHILDRENS RESOURCE CENTER 19441 BUSINESS CENTER DRIVE 110 NORTHRIDGE, CA 91324	95-1641960	501(C)(3)		31,408	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FRED JORDAN MISSIONS PO BOX 12345 COVINA, CA 91352	95-6000110	501(C)(3)		21,670	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
GOOD FOUNDATION 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 10018	31-1777082	501(C)(3)		55,453	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GRACE RESOURCES INC 45134 N SIERRA HIGHWAY LANCASTER, CA 93534	95-4309251	501(C)(3)		12,608	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HARBOR INTERFAITH SHELTER 670 W 9TH STREET SAN PEDRO, CA 90731	33-0031099	501(C)(3)		24,364	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HATHAWAY - SYCAMORES CHILD & FAMILY SERVICES 840 N AVENUE 66 LOS ANGELES, CA 90042	95-1691005	501(C)(3)		27,231	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HAWAIIAN AVE ELEMENTARY SCHOOL 540 HAWAIIAN AVE WILMINGTON, CA 90744	95-6001908	501(C)(3)		10,677	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEALTHRIGHT 360 1735 MISSION ST SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)		63,437	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HEALTHRIGHT 360 PROTOTYPES 1000 NORTH ALAMEDA STREET SUITE 390 390 LOS ANGELES, CA 90012	94-6129071	501(C)(3)		8,508	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HEART OF COMPASSION 600 S MAPLE AVENUE MONTEBELLO, CA 90640	42-1573926	501(C)(3)		186,426	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HOLLYWOOD COMMUNITY HOUSING CORPORATION 5020 WEST SANTA MONICA BLVD HOLLYWOOD, CA 90029	95-4198215	501(C)(3)		7,392	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOLLYWOOD FOOD COALITION 5939 HOLLYWOOD BLVD LOS ANGELES, CA 90028	46-4079214	501(C)(3)		10,848	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HOME AT LAST COMMUNITY DEVELOPMENT CORPORATION 2514 W VERNON AVENUE LOS ANGELES, CA 90008	47-0902546	501(C)(3)		144,529	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOMELESS HEALTH CARE LOS ANGELES 2330 BEVERLY BLVD LOS ANGELES, CA 90057	95-4074970	501(C)(3)		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)		118,640	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



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(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
HOPE MILL INC 16133 VENTURA BLVD SUITE 650 ENCINO, CA 91436	80-0188464	501(C)(3)		14,840	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
HOUSE OF RUTH CLAREMONT PO BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)(3)		14,661	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HUMAN SERVICES ASSOCIATION 6800 FLORENCE AVE BELL GARDENS, CA 90201	95-1816054	501(C)(3)		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)		83,909	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IN HIS LOVING EMBRACE 12325 IMPERIAL HWY STE 188 NORWALK, CA 90650	47-1184351	501(C)(3)		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)		69,642	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
INLAND VALLEY HOPE PARTNERS 1753 NORTH PARK AVENUE 20 POMONA, CA 91768	95-2674837	501(C)(3)		7,808	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
JENESSE CENTERS 3761 STOCKER STREET STE 100 LOS ANGELES, CA 90008	95-3652529	501(C)(3)		57,332	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JEWISH FAMILY SERVICES LOS ANGELES FVP HOPE COTTAGE 3580 WILSHIRE BOULEVARD STE700 LOS ANGELES, CA 90010	95-1691013	501(C)(3)		16,229	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
JEWISH FAMILY SERVICES OF LOS ANGELES JFSHOPE 3580 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90010	95-1691013	501(C)(3)		37,214	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JOURNEY HOUSE 1232 N LOS ROBLES AVENUE PASADENA, CA 91104	95-3838636	501(C)(3)		15,230	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
JOVENES INC 1208 PLEASANT AVE LOS ANGELES, CA 90033	95-4342434	501(C)(3)		23,589	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JWCH INSTITUTE INC 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)		58,382	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
KOREATOWN YOUTH & COMMUNITY CENTER 1230 MENLO AVE SUITE 100 LOS ANGELES, CA 90020	95-3779389	501(C)(3)		27,325	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LA FAMILY HOUSING VALLEY SHELTER 7843 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	95-3920560	501(C)(3)		52,103	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LA GLOBAL CARE 3651 S LA BREA AVENUE 275 LOS ANGELES, CA 90016	81-4654070	501(C)(3)		83,888	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LA PROMISE FUND 1933 S BROADWAY SUITE 1108 LOS ANGELES, CA 90007	20-4562686	501(C)(3)		13,088	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LIVING HELP CENTER 8345 FIRESTONE BLVD SUITE 300 DOWNEY, CA 90813	95-4130506	501(C)(3)		45,563	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES COMMUNITY HEALTH PROJECT 1155 N WESTERN AVE LOS ANGELES, CA 90029	95-2557063	501(C)(3)		28,271	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LOS ANGELES HOUSE OF RUTH PO BOX 33288 LOS ANGELES, CA 90033	95-3411454	501(C)(3)		13,803	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES MISSION 303 EAST 5TH STREET LOS ANGELES, CA 90013	95-3134049	501(C)(3)		23,893	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
LUTHERAN SOCIAL SERVICES 21430 STRATHERN STREET CANOGA PARK, CA 91401	95-2225798	501(C)(3)		36,506	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEND 10641 N SAN FERNANDO ROAD PACOIMA, CA 91331	23-7306337	501(C)(3)		31,517	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
MENTAL HEALTH AMERICA 456 ELM AVENUE LONG BEACH, CA 90802	95-1881491	501(C)(3)		24,800	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MENTAL HEALTH AMERICA (LANCASTER) 506 WEST JACKSON STREET LANCASTER, CA 93534	95-1881491	501(C)(3)		7,205	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
MIDNIGHT MISSION 601 S SAN PEDRO STREET LOS ANGELES, CA 90014	95-1691293	501(C)(3)		5,497	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL HEALTH FOUNDATION 515 S FIGUEROA STREET SUITE 1300 LOS ANGELES, CA 90071	23-7314808	501(C)(3)		33,154	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
NORTH VALLEY CARING SERVICES 15453 RAYEN STREET NORTH HILLS, CA 91343	95-4444561	501(C)(3)		46,577	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OBA FOUNDATION 1130 S VERMONT AVE LOS ANGELES, CA 90006	26-3898882	501(C)(3)		17,894	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
OLIVE CREST 17800 WOODRUFF AVENUE BELLFLOWER, CA 90706	95-2877102	501(C)(3)		11,152	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
OPTIMIST YOUTH HOMES & FAMILY SERVICES 6957 N FIGUEROA STREET LOS ANGELES, CA 90041	95-1643340	501(C)(3)		50,362	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
OUR SAVIOUR CENTER 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501(C)(3)		14,018	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC CLINICS 2550 E FOOTHILL BLVD PASADENA, CA 91107	95-1644034	501(C)(3)		62,108	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
PARA LOS NINOS 500 SOUTH LUCAS AVENUE LOS ANGELES, CA 90017	95-3443276	501(C)(3)		24,965	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PARENTS OF WATTS 10828 LOU-DILLON AVENUE LOS ANGELES, CA 90059	95-3894168	501(C)(3)		60,343	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
PATH ACCESS CENTER 340 N MADISON AVENUE LOS ANGELES, CA 90004	95-3950196	501(C)(3)		70,070	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PATH BEYOND SHELTER 205 SOUTH BROADWAY 608 LOS ANGELES, CA 90012	95-4197075	501(C)(3)		6,221	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
PATH VENTURES 340 N MADISON AVE LOS ANGELES, CA 90004	20-1892523	501(C)(3)		7,922	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENNY LANE CENTERS 15317 RAYEN STREET NORTH HILLS, CA 91343	95-2633765	501(C)(3)		9,298	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
PERSONAL INVOLVEMENT CENTER INC 8220 S SAN PEDRO STREET LOS ANGELES, CA 90003	23-7186243	501(C)(3)		27,684	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PETS ARE WONDERFUL SUPPORT - LOS ANGELES 2121 S FLOWER STREET LOS ANGELES, CA 90007	95-4178092	501(C)(3)		37,851	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
PROJECT JOY INC 5022 W AVE N 10232 PALMDALE, CA 93551	47-2796137	501(C)(3)		6,182	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROJECT NEW HOPE 1004 ECHO PARK AVENUE LOS ANGELES, CA 90026	27-4555998	501(C)(3)		41,781	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
PROJECT ROPA 4712 ADMIRALTY WAY 1226 MARINA DEL REY, CA 90292	81-4278151	501(C)(3)		22,722	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROYECTO PASTORAL 171 S GLESS STREET LOS ANGELES, CA 90033	95-3213958	501(C)(3)		14,355	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
RAINBOW SERVICES LTD 453 W 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)(3)		21,693	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RECYCLED RESOURCES FOR THE HOMELESS 715 NOLDEN STREET LOS ANGELES, CA 90042	26-3457517	501(C)(3)		7,765	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
RESTORATION COMMUNITY DEVELOPMENT CORPORATION 4218 8TH AVENUE LOS ANGELES, CA 90008	47-4270864	501(C)(3)		100,932	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	95-2539105	501(C)(3)		11,919	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SAFE REFUGE 1041 REDONDO AVENUE LONG BEACH, CA 90804	33-0355130	501(C)(3)		10,678	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SANTA CLAUS INC OF GREATER SAN BERNARDINO 824 E 6TH STREET SAN BERNARDINO, CA 92410	95-6101275	501(C)(3)		536,147	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SCHARP 2610 INDUSTRY WAY SUITE A LYNWOOD, CA 90262	95-4482413	501(C)(3)		36,199	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SELAH NEIGHBORHOOD HOMELESS COALITION 2658 GRIFFITH PARK BLVD UNIT 194 LOS ANGELES, CA 90039	83-2538392	501(C)(3)		23,636	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SHELTER PARTNERSHIP - OUTREACH 523 W SIXTH STREET STE 616 LOS ANGELES, CA 90014	95-3976214	501(C)(3)		130,290	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHIELDS FOR FAMILIES 11601 S WESTERN AVENUE LOS ANGELES, CA 90047	95-4336420	501(C)(3)		77,555	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SKID ROW DEVELOPMENT CORP 526 E 6TH STREET LOS ANGELES, CA 90021	95-3288131	501(C)(3)		21,941	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SKID ROW HOUSING TRUST 1317 E SEVENTH STREET LOS ANGELES, CA 90021	95-4205316	501(C)(3)		19,733	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SOCIAL MODEL RECOVERY SYSTEMS INC RECOVERY BRIDGE HOUSING 223 E ROWLAND STREET COVINA, CA 91723	95-4079133	501(C)(3)		71,862	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

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SOCIAL MODEL RECOVERY SYSTEMS INC MARY LIND RECOVERY CENTERS 360 S WESTLAKE AVENUE LOS ANGELES, CA 90057	95-4079133	501(C)(3)		81,864	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SOCIAL MODEL RECOVERY SYSTEMS INC RIVER COMMUNITY COVINA 233 E ROWLAND STREET COVINA, CA 91723	95-4079133	501(C)(3)		85,937	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

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SOUTHERN CALIFORNIA ALCOHOL & DRUG PROGRAMS (ANGEL STEP INN) 11500 PARAMOUNT BLVD DOWNEY, CA 90241	23-7228780	501(C)(3)		18,058	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SOUTHERN CALIFORNIA FLOATING CHRISTIAN ENDEAVOR ASSN 525 N BROAD AVENUE WILMINGTON, CA 90744	95-1661697	501(C)(3)		10,929	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

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(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
SPECIAL SERVICES FOR GROUPS PROJECT 180 905 E 8TH STREET LOS ANGELES, CA 90021	95-1716914	501(C)(3)		18,800	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SPECIAL SERVICES FOR GROUPSHOP 5715 S BROADWAY LOS ANGELES, CA 90037	95-1716914	501(C)(3)		150,695	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



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SRO HOUSING 1055 W 7TH STREET LOS ANGELES, CA 90017	95-3909215	501(C)(3)		51,452	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ST ANNES RESIDENTIAL FACILITY 155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026	95-1691306	501(C)(3)		6,650	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST CAMILLUS CATHOLIC CHURCH 1911 ZONAL AVE LOS ANGELES, CA 90033	95-1642382	501(C)(3)		41,957	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ST FRANCIS CENTER 1835 SOUTH HOPE STREET LOS ANGELES, CA 90015	95-4479271	501(C)(3)		12,425	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST JOSEPH'S CENTER 204 HAMPTON DRIVE VENICE, CA 90291	95-3874381	501(C)(3)		37,883	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
ST VINCENT CHURCH 621 WEST ADAMS BOULEVARD LOS ANGELES, CA 90007	53-0196617	501(C)(3)		32,331	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST VINCENT'S CARDINAL MANNING CENTER 231 WINSTON STREET LOS ANGELES, CA 90013	95-1644622	501(C)(3)		5,505	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
STEP UP ON SECOND 1328 2ND STREET SANTA MONICA, CA 90401	95-4109386	501(C)(3)		17,216	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENTS SOLDIERS JUSTICE MEMORIAL FOUNDATION 4908 GLEN IRIS AVE LOS ANGELES, CA 90041	45-5004342	501(C)(3)		79,444	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
SU CASAENDING DOMESTIC ABUSE 3840 WOODRUFF AVENUE SUITE 203 LONG BEACH, CA 90808	95-3495175	501(C)(3)		23,437	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TEMPLE ISRAEL 5200 LANKERSIM BLV STE 850 NORTH HOLLYWOOD, CA 91601	23-7383024	501(C)(3)		5,787	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
TESTIMONIAL COMMUNITY LOVE CENTER 5721 S WESTERN AVENUE LOS ANGELES, CA 90062	95-4376926	501(C)(3)		49,263	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S CENTER OF THE ANTELOPE VALLEY 45111 FERN AVENUE LANCASTER, CA 93534	95-4212759	501(C)(3)		108,510	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE GIVING SPIRIT 11908 MONTANA AVENUE 205 LOS ANGELES, CA 90049	61-1405121	501(C)(3)		16,874	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HIGHLANDS CHRISTIAN FELLOWSHIP 39625 20TH ST W PALMDALE, CA 93551	95-4207724	501(C)(3)		24,347	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90048	95-1643388	501(C)(3)		7,867	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LOS ANGELES COUNTY COMMUNITY DEVELOPMENT FOUNDATION 700 WEST MAIN STREET ALHAMBRA, CA 91801	77-0469732	501(C)(3)		92,749	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE PEOPLE CONCERN 2116 ARLINGTON AVE SUITE 100 LOS ANGELES, CA 90018	95-6143865	501(C)(3)		88,674	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY ALEGRIA 2737 SUNSET BLVD LOS ANGELES, CA 90026	94-1156347	501(C)(3)		33,537	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE SALVATION ARMY ANTELOPE VALLEY CORPS 44517 SIERRA HWY LANCASTER, CA 93534	94-1156347	501(C)(3)		28,559	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY BELL SHELTER 5600 RICKENBACKER RD BLDG 2A B BELL, CA 90201	95-1656360	501(C)(3)		92,339	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE SALVATION ARMY GLENDALE CORPS 320 W WINDSOR ROAD GLENDALE, CA 91204	94-1156347	501(C)(3)		17,689	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY HOPE HARBOR CENTER 3107 S GRAND AVE LOS ANGELES, CA 90007	95-1656360	501(C)(3)		9,018	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE SALVATION ARMY HUNTINGTON PARK 2965 GAGE AVE HUNTINGTON PARK, CA 90255	94-1156347	501(C)(3)		96,861	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY SANTA FE SPRINGS 12000 E WASHINGTON BLVD WHITTIER, CA 90606	94-1156347	501(C)(3)		75,807	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE SALVATION ARMY THE WAY IN 5939 HOLLYWOOD BLVD LOS ANGELES, CA 90028	94-1156347	501(C)(3)		11,208	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY WESTWOOD TRANSITIONAL VILLAGE 1401 S SEPULVEDA BLVD LOS ANGELES, CA 90025	95-1656360	501(C)(3)		22,790	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE SALVATION ARMY ZAHN CENTER 2737 W SUNSET BLVD LOS ANGELES, CA 90026	95-1656360	501(C)(3)		73,326	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TEEN PROJECT INC 8140 SUNLAND BLVD SUN VALLEY, CA 91352	30-0421837	501(C)(3)		22,890	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
THE VILLAGE FAMILY SERVICES 6736 LAUREL CANYON BLVD 200 NORTH HOLLYWOOD, CA 90016	95-4625826	501(C)(3)		13,794	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WAYFARER FOUNDATION 1438 N GOWER STREET BOX 44 LOS ANGELES, CA 90028	36-4848111	501(C)(3)		139,209	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
TOGETHER WE RISE 580 W LAMBERT RD SUITE A BREA, CA 92821	26-3043727	501(C)(3)		36,806	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRUEVINE COMMUNITY OUTREACH 5238 CLARK ST LYNWOOD, CA 90262	95-4340619	501(C)(3)		37,561	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
TURNING POINT ALCOHOL & DRUG EDUCATION PROGRAM INC 608 W 75TH STREET LOS ANGELES, CA 90044	26-4464781	501(C)(3)		16,786	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
US VETERANS INITIATIVE 733 S HINDRY AVENUE INGLEWOOD, CA 90301	95-4382752	501(C)(3)		120,822	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
UNION RESCUE MISSION 545 S SAN PEDRO STREET LOS ANGELES, CA 90013	95-1709293	501(C)(3)		24,532	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNION STATION FOUNDATION 825 E ORANGE GROVE BLVD PASADENA, CA 91104	95-3958741	501(C)(3)		55,814	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
UNIVERSITY PATHWAYS PUBLIC SERVICE ACADEMY HIGH SCHOOL 1415 FIRESTONE BLVD LOS ANGELES, CA 90001	95-6001908	501(C)(3)		9,502	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UPLIFT FAMILY SERVICES 815 N EL CENTRO AVE LOS ANGELES, CA 90038	94-2295953	501(C)(3)		6,024	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
UPWARD BOUND HOUSE 1020 12TH STREET SANTA MONICA, CA 90403	95-4288926	501(C)(3)		30,283	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
USC SUZANNE DWORAK PECK SCHOOL OF SOCIAL WORK 669 WEST 34TH STREET MRF 203 LOS ANGELES, CA 90089	95-1642394	501(C)(3)		19,819	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
VALLEY OASIS EMERGENCY SHELTER PO BOX 2980 LANCASTER, CA 93539	95-3582588	501(C)(3)		61,942	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VENICE COMMUNITY HOUSING CORPORATION 720 ROSE AVENUE VENICE, CA 90291	95-4200761	501(C)(3)		65,895	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
VENICE FAMILY CLINIC COMMON GROUND 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501(C)(3)		7,706	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
VILLAGE FOR VETS 11301 WILSHIRE BLVD LOS ANGELES, CA 90049	81-1275379	501(C)(3)		45,561	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
VOLUNTEERS OF AMERICA BRIDGE HOUSING FOR WOMEN 3600 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90010	95-1691330	501(C)(3)		27,985	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CRISIS HOUSING 3600 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90010	95-1691330	501(C)(3)		17,516	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
VOLUNTEERS OF AMERICA FAMILY EMERGENCY SHELTER 8224 SOUTH BROADWAY LOS ANGELES, CA 90033	95-1691330	501(C)(3)		38,260	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 HOPE FOR HOME 3600 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90010	95-1691330	501(C)(3)		52,725	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
VOLUNTEERS OF AMERICA PATHWAYS TO HOME 3600 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90010	95-1691330	501(C)(3)		22,673	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 SUITE 1500 LOS ANGELES, CA 90010	95-1691330	501(C)(3)		12,576	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
WEINGART CENTER ASSOCIATION 566 S SAN PEDRO ST LOS ANGELES, CA 90013	95-6054617	501(C)(3)		60,874	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WELLNEST EMOTIONAL HEALTH AND WELLNESS 3031 SOUTH VERMONT AVE LOS ANGELES, CA 90007	95-1690974	501(C)(3)		38,588	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
WEST HOLLYWOOD COMMUNITY HOUSING CORPORATION 7530 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90046	95-4122368	501(C)(3)		31,053	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WHITTIER AREA FIRST DAY COALITION 12426 WHITTIER BLVD 2ND FLOOR WHITTIER, CA 90602	93-1141844	501(C)(3)		15,594	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
WLCAC-HOMELESS ASSISTANCE PROGRAM 958 E 108TH STREET LOS ANGELES, CA 90059	95-2412869	501(C)(3)		21,677	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	33-0576900	501(C)(3)		5,937	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
WOMEN ORGANIZING RESOURCES KNOWLEDGE AND SERVICES (WORKS) 795 N AVENUE 50 LOS ANGELES, CA 90042	95-4680440	501(C)(3)		40,634	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
WOMENSHELTER OF LONG BEACH PO BOX 32107 LONG BEACH, CA 90832	95-1644058	501(C)(3)		18,280	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.
WORKING DREAMS 118 S BEVERLY DRIVE STE 222 BEVERLY HILLS, CA 90212	45-1208361	501(C)(3)		5,759	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YWCA GREATER LOS ANGELES 1020 S OLIVE STREET 7TH FLOOR LOS ANGELES, CA 90015	95-1652919	501(C)(3)		6,785	FAIR MARKET VALUE	VARIOUS GOODS	TO ASSIST THE ENTITY WITH RESOURCES TO SUPPORT THE HOMELESS.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493132004051
SCHEDULE M (Form 990)		Noncash Contributions	
Department of the Treasury Internal Revenue Service		OMB No. 1545-0047	
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.		2019	
Name of the organization SHELTER PARTNERSHIP INC		Employer identification number 95-3976214	
Open to Public Inspection			

Part I Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .					
2 Art—Historical treasures . . . . .					
3 Art—Fractional interests . . . . .					
4 Books and publications . . . . .					
5 Clothing and household goods . . . . .		X		25,504,600	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .					
7 Boats and planes . . . . .					
8 Intellectual property . . . . .					
9 Securities—Publicly traded . . . . .		X	1	1,004	FAIR MARKET VALUE
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .					Yes No
b If "Yes," describe the arrangement in Part II.					30a No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31 No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .					32a No
b If "Yes," describe in Part II.					
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.					



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service  
Name of the organization  
SHELTER PARTNERSHIP INC

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

**Employer identification number**

95-3976214

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART XII, LINE 2C	THE AUDIT OVERSIGHT COMMITTEE HAS NOT CHANGED ITS PROCESS SINCE THE PRIOR YEAR.