

TAXABLE YEAR
2014

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA	Identifying number 94-3322877
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	844,165.00
2 Total gross income (Form 199, line 8)	2	844,165.00
3 Total expenses and disbursements (Form 199, line 9)	3	766,634.00

Part II Settle Your Account Electronically for Taxable Year 2014

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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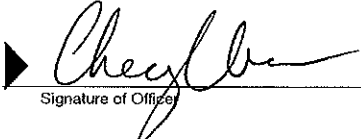
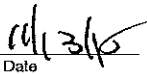
Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

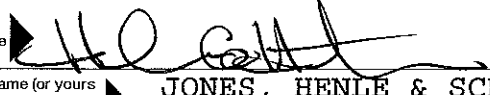
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Sign Here  |  | **CEO**

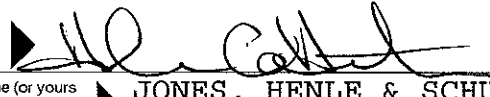
Signature of Officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature 	Date 11/13/15	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address JONES, HENLE & SCHUNCK P.O. BOX 9500 DANVILLE, CA				FEIN 94-2318056 ZIP Code 94526-0195

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature 	Date 11/13/15	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address JONES, HENLE & SCHUNCK P.O. BOX 9500 DANVILLE, CA			FEIN 94-2318056 ZIP Code 94526-0195

Voucher at bottom of page.

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

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

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

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

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

WHEN TO FILE:

**Fiscal Year - See instructions.
Calendar Year - File and Pay by March 16, 2015.**

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

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

PAYMENT COPY

439035
12-04-14

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

2155436 SHEL 94-3322877 000000000000 14 FORM 3
TYB 01-01-2014 TYE 12-31-2014
SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIF
1350 TREAT BLVD NO 140
WALNUT CREEK CA 94597

(925) 906-9139

Total Payment Amt 10.

California Exempt Organization Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization Name: SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA. California corporation number: 2155436. FEIN: 94-3322877.

Street address (suite or room): 1350 TREAT BLVD, NO. 140. City: WALNUT CREEK. State: CA. ZIP code: 94597.

Part I Complete Part I unless not required to file this form. See General Instructions B and C. A First Return [X] Yes [] No. B Amended Return [] Yes [X] No. C IRC Section 4947(a)(1) trust [] Yes [X] No. D Final Information Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized. E Check accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other. F Federal return filed? (1) [] 990T (2) [] 990-PF (3) [] Sch H (990). G Is this a group filing? [] Yes [X] No. H Is this organization in a group exemption? [] Yes [X] No. I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [] Yes [X] No. K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No. L If "Yes," enter the gross receipts from nonmember sources \$. M Is the organization a Limited Liability Company? [] Yes [X] No. N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No. O Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No. P Is an IRS Form 1023/1024 pending? [] Yes [X] No. Date filed with IRS .

Table with 15 rows and 3 columns: Description, Line Number, Amount. Receipts and Revenues: 1 Gross sales or receipts from other sources 503,060.00; 2 Gross dues and assessments from members and affiliates 00; 3 Gross contributions, gifts, grants, and similar amounts received 341,105.00; 4 Total gross receipts for filing requirement test 844,165.00; 5 Cost of goods sold 00; 6 Cost or other basis, and sales expenses of assets sold 00; 7 Total costs 00; 8 Total gross income 844,165.00. Expenses: 9 Total expenses and disbursements 766,634.00; 10 Excess of receipts over expenses and disbursements 77,531.00. Filing Fee: 11 Filing fee \$10 or \$25 10.00; 12 Total payments 00; 13 Penalties and interest 00; 14 Use tax 00; 15 Balance due 10.00.

Sign Here: Signature of officer (handwritten), Title CEO, Date 6/13/15, Telephone 925 906-9139. Preparer's signature (handwritten), Date 11/13/15, Check if self-employed [], PTIN P00043907. Firm's name: JONES, HENLE & SCHUNCK, P.O. BOX 9500, DANVILLE, CA 94526-0195. Telephone: (925) 820-1821. May the FTB discuss this return with the preparer shown above? [X] Yes [] No.

SHELTER PROVIDERS OF NORTHERN CALIFORNIA
DBA HOMEAID OF NORTHERN CALIFORNIA

94-3322877

428951 11-26-14

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

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	1	500,544.00
	2	Interest	2	2,516.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	503,060.00
	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees	11	225,322.00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	00
	15	Rents	15	28,522.00
	16	Depreciation and depletion (See instructions)	16	00
	17	Other Expenses and Disbursements	17	512,790.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	766,634.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		291,310.		319,314.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments		340,065.		391,987.
10 a Depreciable assets	2,065.		2,065.	
b Less accumulated depreciation	(2,065.)		(2,065.)	
11 Land				
12 Other assets		595.		300.
13 Total assets		631,970.		711,601.
Liabilities and net worth				
14 Accounts payable		2,237.		3,199.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities		1,623.		2,761.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		628,110.		705,641.
22 Total liabilities and net worth		631,970.		711,601.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	77,531.	7 Income recorded on books this year not included in this return.	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	77,531.
6 Total. Add line 1 through line 5	77,531.		

FORM 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

DENOVA HOMES

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

20,959.

20,959.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

GROUNDWORKS

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

15,000.

15,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

PACIFIC COAST

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

10,699.

10,699.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

HUNT HALE JONES

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588

PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
12/31/14	15,000.	15,000.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

WALKER

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588

PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
12/31/14	6,080.	6,080.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

BALFOUR BEATTY

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588

PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
12/31/14	15,000.	15,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

ENVIRONMENTAL FORESIGHT

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

5,000.

5,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

CALIFORNIA CUSTOM CARPETS

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

9,620.

9,620.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

DH SMITH

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

10,410.

10,410.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

TWE

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

30,879.

30,879.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

SHEA HOMES

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

15,000.

15,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

SANSEI GARDENS

C/O 6210 STONERIDGE MALL ROAD, 5TH FLOOR
PLEASANTON, CA 94588PROPERTY DESCRIPTION

MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS

DATE OF GIFTTOTAL AMOUNTFMV OF GIFT

12/31/14

13,452.

13,452.

TOTAL INCLUDED ON LINE 3

167,099.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
MATT BEINKE 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
DAVE SANSON 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
JOHN RYAN 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
RICHARD BAKER 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
BRUCE RING 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
TOM BURRILL 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
LAYNE MARCEAU 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
RICHARD WALKER 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
AL BURRELL 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
BOB GLOVER 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
BRIAN OLIN 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.

SHELTER PROVIDERS OF NORTHERN CALIFORNIA

94-3322877

DANA TSUBOTA 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
DAVID SORENSON 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
GREG MIX 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE COMMITTEE 1.00	0.
GREGG LEMLER 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
HELEN HUNTOON-COWDEN 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
CHRIS APOSTOLOPOULOS 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
LORI SANSON 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
MARK WILLIAMS 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
STEVE KALMBACH 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
NORMA AVERY 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
CHRIS NEIGHBOR 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
SCOTT SCHILLING 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
CRAIG MERRY 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.

SHELTER PROVIDERS OF NORTHERN CALIFORNIA

94-3322877

JEFF LAWRENCE 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
GERRIANN SMITH 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	DIRECTOR 1.00	0.
CHERYL O'CONNOR 1350 TREAT BLVD, NO. 140 WALNUT CREEK, CA 94597	EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
IN-KIND SHELTER EXPENSE	186,834.
PROGRAM & PROJECT	91,606.
OTHER EXPENSE	31,199.
BOOKKEEPING	2,786.
DIRECT EXPENSES OF FUNDRAISING EVENTS	168,582.
LEGAL FEES	3,624.
ACCOUNTING FEES	11,088.
ADVERTISING AND PROMOTION	9,099.
OFFICE EXPENSES	7,972.
TOTAL TO FORM 199, PART II, LINE 17	512,790.

FORM 199 OTHER INVESTMENTS STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CERTIFICATES OF DEPOSIT	340,065.	391,987.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	340,065.	391,987.

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER ASSETS		0.	300.
PREPAID EXPENSES		595.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		595.	300.

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCRUED VACATION		1,623.	2,761.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		1,623.	2,761.

FORM 199	FUND BALANCES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		441,478.	469,009.
TEMPORARILY RESTRICTED ASSETS		0.	50,000.
PERMANENTLY RESTRICTED ASSETS		186,632.	186,632.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		628,110.	705,641.