### EXTENDED TO NOVEMBER 15, 2022

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

OMB No. 1545-0047 Open to Public

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

Intern	al Revenu		Go to www.irs.gov/Form990 for instructions and the la	test information.	Hispection
A F	or the	2021 calend	dar year, or tax year beginning and ending		
$\overline{}$	heck if pplicable:	C Name of SHEI	of organization TER PROVIDERS OF NORTHERN CALIFORNIA	D Employer identific	cation number
	Address change	DBA	HOMEAID OF NORTHERN CALIFORNIA		
	Name change	Doing b	pusiness as	94-33228	
	Initial return		r and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/		BURNETT AVENUE 340	(925)820	
	termin- ated	City or	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,596,650.
	Amende return	COINC	CORD, CA 94520	H(a) Is this a group re	
	Applica- tion pending	F Name a	and address of principal officer: CRISAND GILES BURNETT AVENUE, SUITE 340, CONCORD, C	for subordinates  A H(b) Are all subordinates in	
LT	ax-exen			527 If "No," attach a	list. See instructions
		: ► N/A		H(c) Group exemption	n number 🕨
			X Corporation Trust Association Other ► L	ear of formation: 1999 N	State of legal domicile; CA
	et I	Summan			
4)	1 B	riefly descri	be the organization's mission or most significant activities: THE MISS	ION OF HOMEAI	D NORTHERN
Activities & Governance	C	ALIFOR	RNIA IS TO BUILD OR RENOVATE SHELTERS	FOR THE TEMPO.	KAKIDI
rna	2 0	heck this bo	ox   if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.
ove				3	22
Ğ			dependent voting members of the governing body (Part VI, line 1b)	4	22
Se	5 T	otal number	of individuals employed in calendar year 2021 (Part V, line 2a)	5	2
vitie	6 T	otal number	of volunteers (estimate if necessary)	6	0
cti	7a ⊤	otal unrelate	ed business revenue from Part VIII, column (C), line 12	7a	0.
٩	<b>b</b> N	et unrelated	business taxable income from Form 990-T, Part I, line 1	7b	0.
			all	Prior Year	Current Year
o	<b>8</b> 0	ontributions	s and grants (Part VIII, line 1h)	445,393.	1,286,209.
Revenue	<b>9</b> P	rogram serv	s and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3, 4, and 74	0.	20,191.
leve	<b>10</b> Ir	nvestment ir	ncome (Part VIII, column (A), lines 3, 4, and 74)	19,443.	
ш	11 C	ther revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,938.	198,043.
			e - add lines 8 through 11 (must equal Pak VIII, column (A), line 12)	537,774.	1,504,443.
			imilar amounts paid (Part IX, column (A), lines 1-3)	2,000.	0.
			to or for members (Part IX, column (A), line 4)	255,895.	181,374.
es	<b>15</b> S	alaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	255,695.	0.
Sue	16a P	rofessional	fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25)	0.	•
Expenses	b⊺	otal fundrai	sing expenses (Part IX, column (D), line 25)	329,847.	984,085.
ш			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	587,742.	1,165,459.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	-49,968.	338,984.
- 10	19 F	levenue less	s expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances				576,016.	912,183.
Ssel	20 T		(Part X, line 16)	5,654.	2,837.
et A	21 T		s (Part X, line 26)	570,362.	909,346.
湿	22 N		r fund balances. Subtract line 21 from line 20	5/0/504	
Pa	art II	Signatu	, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of m	v knowledge and belief, it is
Una	er penan	ies of perjury	e. Declaration of preparer (other than officer) is based on all information of which pre	narer has any knowledge.	,,
true	, correct,	and complet	11 1111	JII	11/2022
	- 1	Signatu	re of officer	Date	1000
Sig		60	SAND GILES, EXECUTIVE DIRECTOR	100 Capación (100 Capación (10	
Her	e		print name and title		
_	-	A 150		Date Check	PTIN
D-5			eparer's name  ER M. SHREVE  Preparer's signature  M. Shuch	- 11/1/2022 if self-employ	P01686589
Paid	-		JHS CPAS, LLP		81-0865829
		Firm's name	SS P.O. BOX 9500	THIII O EIN	
use	Only	ritti s addres	DANVILLE, CA 94526-0195	Phone no. (9	25) 820-1821
	AL 100	O Milliani de 11	nis return with the preparer shown above? See instructions	THE PROPERTY AND ADDRESS OF THE PARTY OF THE	X Yes No
May	y the IR	o discuss th	ils return with the preparer shown above? See instructions		

Form 990 (2021)

Total program service expenses

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Form	990 (2021) DBA HOMEAID OF NORTHERN CALIFORNIA 94-3322	2877	Р	age 3
Par	t IV   Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
	If "Yes," complete Schedule A	2	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions		7.5	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
e	Did the organization report an amount for other liabilities in a larv, line 25.1 in 766, complete statements for the tax year include a footnote that addresses			
	the organization's suparate of consolidated limit of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<b>├</b> ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	X	
	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III	20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to trils return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		1
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on Part IA, column (A), into 1: 11 100, complete concess (), are 1 are 1.	<del></del>	200	

	SHELTER PROVIDERS OF NORTHERN CALIFORNIA  DRA HOMEATD OF NORTHERN CALIFORNIA  94-3322	277	Do	ige 4
Form	990 (2021) BB11 11011E1112 01 1(011E1112	077	Fa	ge -
Par	t IV Checklist of Required Schedules (continued)	- 1	Yes	No
	The second secon		103	110
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			_
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		X
04-	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
D	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25.0	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	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	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			X
	"Yes," complete Schedule L, Part IV	28c	Х	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ.	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		**
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	52		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
34		34	x	
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
30	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V   Statements Regarding Other IRS Filings and Tax Compliance			
etta Bish	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3	-	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	24720		

132004 12-09-21

Form 990 (2021)

(gambling) winnings to prize winners?

DBA HOMEAID OF NORTHERN CALIFORNIA Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	9 9		Yes	No_
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		A_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	_	_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
b	If "Yes," enter the name of the foreign country			
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
oa	any contributions that were not tax deductible as charitable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
40		- J	-, -	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
	Note: See the instructions for additional information the organization must report on Schedule O.			
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  Fator the amount of recently on hand	-		
С	Effet the amount of reserves of fland	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	1	_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		X
	excess paracrute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
.5	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
10000	5 40 00 04	For	n <b>990</b>	(2021)

Form 990 (2021)

DBA HOMEAID OF NORTHERN CALIFORNIA

Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records ZACH OTTING - (925)518-5368

Form 990 (2021) 132006 12-09-21

1000 BURNETT AVENUE, SUITE 340, CONCORD,

Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organizat  (A)	(B)			((	2)			(D)	(E)	(F)
Name and title	Average hours per	box	not o	ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director g	Institutional trustee	Officer of	irecto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) NANCY KEENAN	1.00									0
CHAIRMAN		X						0.	0.	0 .
(2) MATT BEINKE	1.00								0.	0
PAST CHAIRMAN		X	_				_	0.	0.	0
(3) CRAIG MERRY	1.00	١						0.	0.	0
EXECUTIVE COMMITTEE	1 00	Х	_	_	<u> </u>	⊢	_	0.	0.	0
(4) LAYNE MARCEAU	1.00	x		x				0.	0.	0
SECRETARY	1.00	_	H	Δ	_	⊢	_	0.	0.	
(5) RICHARD WALKER	1.00	x		М				0.	0.	0
EXECUTIVE COMMITTEE  (6) MARY TEICHERT	1.00	A				$\vdash$	-			
(6) MARY TEICHERT EXECUTIVE COMMITTEE	1.00	x						0.	0.	0
(7) DUSTIN BOGUE	1.00	1				$\vdash$				
DIRECTOR	1.00	x						0.	0.	0
(8) TONY BOSOWSKI	1.00	$\vdash$	1	Т						
DIRECTOR		x						0.	0.	0
(9) MIKE BRANAGH	1.00					П				
DIRECTOR		X						0.	0.	0
(10) PATTI CURTIN	1.00									
DIRECTOR		X						0.	0.	0
(11) GARY GALINDO	1.00									
DIRECTOR		X	_			_	_	0.	0.	0
(12) BOB GLOVER	1.00	_						0	0.	0
DIRECTOR		X	_	_		_	_	0.	0.	0
(13) STEVE KALMBACH	1.00	١						0	0.	0
DIRECTOR	1 00	X	-	⊢		-		0.	0.	0
(14) GLEN MARTIN	1.00	٠,	1	1				0.	0.	0
EXECUTIVE COMMITTEE	,1.00	X	-	$\vdash$	-	-	-	0.	- 0.	-
(15) CHRIS NEIGHBOR	,1.00	$ _{\mathbf{x}}$						0.	0.	0
DIRECTOR	1.00	╀≏	-	-	-	$\vdash$			· · · · · · · · · · · · · · · · · · ·	
(16) SCOTT SMITH	1.00	$ _{\mathbf{x}}$						0.	0.	0
DIRECTOR (17) SCOTT SCHILLING	1.00	1	+	-	-	+	-			
DIRECTOR	1.00	$ _{\mathbf{x}}$						0.	0.	0

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DBA HOMEAID OF NORTHERN CALIFORNIA

Part VII Section A. Officers, Directors, Trus	(B)	pioy	/ees		a HII C)	gne	SIU	(D)	(E)	T	(F)	
<b>(A)</b> Name and title	Average			Posi	ition			Reportable	Reportable		ر بر Estima	ted
Name and title	hours per					than is bot		compensation	compensation		amoun	
	week	offi	cer ar	d a di	irecto	or/trus	tee)	from	from related		othe	
	(list any	ector						the	organizations	CO	mpens	
	hours for related	trustee or director	93			sated		organization	(W-2/1099-MISC/ 1099-NEC)		from t rganiza	
	organizations	ustee	nstitutional trustee		93	npens		(W-2/1099-MISC/ 1099-NEC)	1099-1120)		and rela	
	below	dial	tional		yoldı	st co	h	1000 (420)			ganiza	
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Former					
(18) MARK WILLIAMS	1.00											
DIRECTOR		X						0.	0	-		0 •
(19) BRIAN OLIN	1.00								0			0 *
DIRECTOR	1 00	Х	_		_		_	0.	0	+		0 *
(20) JOSH RODEN	1.00	Į.,						0.	0			0 •
DIRECTOR	1.00	Х	-		_		_	0.	- 0	+		0.
(21) JOSH SANTOS	1.00	x						0.	0			0 *
DIRECTOR (22) KRISTIN LAMSON	1.00	A	-	-		$\vdash$	-	-				
DIRECTOR	1.00	x						0.	0			0 .
DIRECTOR		1	$\vdash$		_					$\top$		
		1										
		1								_		
			L							—		
			L		<u> </u>	_	Ļ	0.	0	-		0.
1b Subtotal								0.	0			0.
c Total from continuation sheets to Part V								0.	0			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but							no r					
2 Total number of individuals (including but compensation from the organization	iot iii iited to ti	1030	, liate	ou ai	DOV	C) W		cocived more than proc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0
compensation from the organization										016	Yes	No
3 Did the organization list any former officer	, director, trust	ee,	key (	emp	loye	ee, o	r hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$15										4		X
5 Did any person listed on line 1a receive or	accrue compe	nsa	tion 1	from	any	y uni	relat	ed organization or indiv	idual for services	5		x
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son				5		
Section B. Independent Contractors	and and the		1 -					that received more than	\$100,000 of compar	eatio	n from	
Complete this table for your five highest or the organization. Report compensation for	mpensated in	aep	ende	ina v	with.	orw	vithir	the organization's tax	vear	isatio	11 11 0111	
the organization, Report compensation for	the calendar y	ear	eriu	iiig v	VILII	Or W	T	(B)	your		(C)	
Name and busines	s address	N	ON	E			- 1	Description of s	services	Com	pensat	ion
		_			_		_					
					_		-					
2 Total number of independent contractors	(including but r	not l	imite	ed to	thr	ose li	ster	d above) who received r	nore than			
\$100,000 of compensation from the organ		.011				0						
who aloo of componental from the organ										For	m 990	(2021)

DBA HOMEAID OF NORTHERN CALIFORNIA

	990 (2		NORTHER	N CALIFOR	NIA	94-3322	8 7 7 Page 9
Pa	rt VIII		- 4 - 4 - EEW P	in this Deat VIII			
		Check if Schedule O contains a response or n	ote to any line	(A)  Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded from tax under sections 512 - 514
Service Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	30,008. 36,201. 35,588. 1 1 1siness Code	.,286,209.			
Program Service Revenue		All other program service revenue  Total. Add lines 2a-2f	<b>D</b>				
	3 4 5 6 a	Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond proc Royalties  (i) Real (i) Gross rents	and eeds	20,191.			20,191.
	c d 7 a	Less: rental expenses Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less: cost or other basis	(ii) Other				
Other Revenue	d	and sales expenses 7b  Gain or (loss) 7c  Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
	9 a	Less: direct expenses  Net income or (loss) from fundraising events  Gross income from gaming activities. See Part IV, line 19 Less: direct expenses  8b 9  9a  9b	90,250. 92,207.	198,043.			198,043.
	10 a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	<b>&gt;</b>				
Miscellaneous Revenue	11 a b c	All other revenue	usiness Code				
_	12	Total. Add lines 11a-11d  Total revenue. See instructions		1,504,443.	0.	0.	218,234.

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DBA HOMEAID OF NORTHERN CALIFORNIA

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 (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b, Management and general expenses Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 18,137. 181,374 136,031. 27,206 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees): **b** Legal 12,447. 12,447. c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 7,258. 2,000. 9,258. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 222. 672. 450. Office expenses 13 1,091. 728. 5,456. 7,275. 14 Information technology Royalties 15 8,944. 8,944. 16 820. 820. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 542. 1,148. 1,690. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 734. 734. Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 874,644. 874,644. IN-KIND SHELTER EXPENSE 44,115. 44,115. PROGRAM & PROJECT 3.948. 14,879. 5,845. 5,086. OTHER EXPENSE 7,852. d BOARD & STAFF RECOGNITI 7,852. 755. 755. e All other expenses 31,219. 1,165,459. 1,067,296. 66,944. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 Cash - non-interest-bearing 161,083. 686,806. 2 2 Savings and temporary cash investments 948. 948. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10c b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 224,429. 413,985. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 912,183. 576,016. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,837. 5,654. of Schedule D 2,837. 5,654. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 818,542. 505,937. Net assets without donor restrictions 90,804. 64,425. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 909,346. 570,362. 32 Total net assets or fund balances 32 912,183. 576,016. Total liabilities and net assets/fund balances

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

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	rrt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			*****	ш
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	1 2 3 4 5 6 7 8 9 10	570	5,4 8,9 0,3	
Pa	rt XII Financial Statements and Reporting	,			11
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				x
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	- 50	
ь	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	****************	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
c	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				x
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		3b		
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	*****************	Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

SHELTER PROVIDERS OF NORTHERN CALIFORNIA

DBA HOMEAID OF NORTHERN CALIFORNIA

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-3322877

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (v) Amount of monetary (iii) Type of organization (ii) EIN (i) Name of supported in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

sec	tion A. Public Support					Т -	361
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and					=	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			-		1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	rst. second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<b>&gt;</b> □
Sec	ction C. Computation of Publ						
14	Public support percentage for 2021 (	line 6. column (f).	divided by line 11.	, column (f))	X+X+++++++++++	14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14		*******	15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organi	zation	E4400040000000000000000000000000000000		
17a	10% -facts-and-circumstances tes	t - 2021. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the fac	ts-and-circumstand	ces test, check th	is box and <b>stop he</b>	e <b>re.</b> Explain in Par	t VI how the organi	zation
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	oublicly supported	organization		<b>&gt;</b>
Ŀ	10% -facts-and-circumstances tes	<b>st - 2020.</b> If the org	ganization did not	check a box on lin	e 13, 16a, 16b, o	r 17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circu	mstances test, ch	eck this box and <b>s</b>	<b>top here.</b> Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported orga	nization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns
_						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021 DBA HOMEAID OF NORTHERN CALIFORNIA

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.)

Sec	ction A. Public Support	. A Property of the Control of the C	- North Control of the Control of th				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	938,937.	827,058.	579,996.	445,393.	1286209.	4077593.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	363,621.	276,949.	265,756.	72,938.	198,043.	1177307.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					8	-
5	The value of services or facilities furnished by a governmental unit to the organization without charge				F10 221	1404252	5254900.
6	Total. Add lines 1 through 5	1302558.	1104007.	845,752.	518,331.	1484252.	5254900.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0 .
Ŀ	n 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						0.
c	Add lines 7a and 7b						5254900.
	Public support. (Subtract line 7c from line 6.)						5254900.
	ction B. Total Support			4 ) 0040	(-I) 0000	(e) 2021	(f) Total
	endar year (or fiscal year beginning in)	(a) 2017 1302558.	(b) 2018 1104007.	(c) 2019 845, 752.	(d) 2020 518,331.	1484252.	5254900.
	Amounts from line 6	1302336.	1104007.	045,752.	310,331.	11012321	0001000
108	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,085.	3,036.	11,231.	19,443.	20,191.	56,986.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			11 001	10 112	00 101	56,986.
	Add lines 10a and 10b	3,085.	3,036.	11,231.	19,443.	20,191.	50,900.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	1305643.			537,774.		
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
Se	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				
15		line 8. column (f).	divided by line 13.	column (f))	- 34000 (MONTH (	15	98.93 %
16				· · · · · · · · · · · · · · · · · · ·		16	99.34 %
	ction D. Computation of Inve	stment Incom	e Percentage				
17					***************************************	17	1.07 %
18	Investment income percentage from	2020 Schedule A.	Part III, line 17			18	.66 %
19:	a 33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
-	o 33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>s</b> t	top here. The orga	nization qualifies	as a publicly supp	orted organization	*************
20	Private foundation. If the organization	on did not check a	box on line 14, 19	la, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

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

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Section	Α.	All	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
7		
8		
9a		
9b		
9c		
10a		
10b	m 990	

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Pa	t IV   Supporting Organizations (continued)			
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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).	1		
Sec	tion D. All Type III Supporting Organizations			
-	don birm Type in cuppering organization		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	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			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	1		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, 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			2 1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	t-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		За		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	_ <u>30</u>		

94-3322877 Page 6 DBA HOMEAID OF NORTHERN CALIFORNIA Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions).

Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

94-3322877 Page 7 DBA HOMEAID OF NORTHERN CALIFORNIA Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
1	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

# SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA 94-3322877 Page 8

Schedule A (Form 990) 2021 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.)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Organization type (check one):				
Filers of:		Section:		
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
	sections 509(a)(1) contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year		
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).		

SHELTER PROVIDERS OF NORTHERN CALIFORNIA
DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	ii space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIA BAY AREA  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$8,944.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RESCUE ELECTRIC  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$19,300.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WELL'S FARGO  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	O'BRIEN FOUNDATION  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WORLD EDUCATION FOUNDATION  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TEICHERT FOUNDATION  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MALONEY  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$ 7,950.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	RC READYMIX  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$ 7,076.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MCCALL C/O 1000 BURNETT AVENUE, #340 CONCORD, CA 94520	\$ 27,277.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HUNTER  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$5,346.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PENINSULA BUILDING  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$6,666.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	COASTAL  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$97,687.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4  KTGY  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$11,858.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	WOOD RODGERS  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	TRUMARK HOMES  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$114,461.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	TWE  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$14,279.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	CITADEL  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	ESSENTRA  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$9,700.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	GT CUSTOM DRYWALL  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	A & S PAINTING  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	OLDE WORLDE  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$ 5,840.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	SDG ARCHITECTS  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	JANCO C/O 1000 BURNETT AVENUE, #340 CONCORD, CA 94520	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	CAP CITY  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

SHELTER PROVIDERS OF NORTHERN CALIFORNIA
DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if		(.1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MCKEE  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	HUTTON LOVEWELL		Person
	C/O 1000 BURNETT AVENUE, #340	\$5,745.	Payroll Noncash X (Complete Part II for
	CONCORD, CA 94520		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	SONRAY  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	CEN-CAL  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ELEMENT STRUCTURAL  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$10,218.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	BUILDER CAPTAIN  C/O 1000 BURNETT AVENUE, #340	\$28,890.	Person Payroll Noncash X
	CONCORD, CA 94520		(Complete Part II for noncash contributions.)  Schedule B (Form 990) (20

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	BROOKFIELD  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	HAYWARD CHURCH OF NAZARENE  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$25,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	GRACE PRESBETARIAN CHURCH  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$25,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	BETHEL CHURCH TINY HOMES  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	TICE VALLEY  C/O 1000 BURNETT AVENUE, #340  CONCORD, CA 94520	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
SHELTER PROVIDERS OF NORTHERN CALIFORNIA
DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(OOO II IOCI GOLIO II O	
_	RENT	<del></del> :	
1		_	
		\\$8,944.	_12/31/21
(a)		(c)	(d)
No. from	(b)  Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of nonecompreperty given	(See instructions.)	
	MATERIALS AND SERVICES DONATED TO		
2	BUILD VARIOUS SHELTERS.	_	
			05/01/01
	7	19,300.	05/01/21
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	MATERIALS AND SERVICES DONATED TO		
6	BUILD VARIOUS SHELTERS.		
		_ <sub>\$ 279,757</sub> .	05/01/21
	7	_   \$ 279,757.	05/01/21
(a)		4.	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
	MATERIALS AND SERVICES DONATED TO	_	
7	BUILD VARIOUS SHELTERS.		
	9	- s 7,950.	05/01/21
	8		·
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	MATERIALS AND SERVICES DONATED TO		
8	BUILD VARIOUS SHELTERS.		
<u>_</u>	20122 11111000 211111111111111111111111		
		7,076.	05/01/21
(a)		(c)	1.35
No.	(b)	FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(See instructions.)	Dare Leceived
raiti	MATERIALS AND SERVICES DONATED TO		
9	BUILD VARIOUS SHELTERS.		
	TOTAL TANIES OF MANAGEMENT TO	_	
		\$ 27,277.	05/01/21
3453 11-1	1-21		Schedule B (Form 990)

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
raiti	MATERIALS AND SERVICES DONATED TO		
10	BUILD VARIOUS SHELTERS.		
		_ s 5,346.	05/01/21
	\(\frac{1}{2}\)	_   \$ 5,346.	03/01/11
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti	MATERIALS AND SERVICES DONATED TO		
11	BUILD VARIOUS SHELTERS.		
			05/01/21
		\$6,666.	05/01/21
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	MARRIED AND GERVICES DONATED TO		
12	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.		
	BOTHD AWLTOOD DITERLIENCE.		
		97,687.	05/01/21
(a)	<i>a</i> .	(c)	(d)
No. from	(b)  Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncesh property given	(See instructions.)	
	MATERIALS AND SERVICES DONATED TO		
13	BUILD VARIOUS SHELTERS.		
		$- _{\$}$ 11,858.	05/01/21
		_   \$11,858.	- 03/01/21
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	MATERIALS AND SERVICES DONATED TO		
14	BUILD VARIOUS SHELTERS.		
			05/04/04
		\$ 76,350.	05/01/21
13		1	
(a)	(b)	(c)	(d)
No.	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
	Description of noncash property given		
No. from Part I	Description of noncash property given  MATERIALS AND SERVICES DONATED TO	FMV (or estimate)	
No. from	Description of noncash property given	FMV (or estimate)	

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.		
		14,279.	05/01/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.	_	
		20,822.	05/01/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.	=	
	A <del></del>	9,700.	05/01/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.		
			05/01/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.		
		\$5,000.	05/01/21
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.		
			05/01/21

Name of organization
SHELTER PROVIDERS OF NORTHERN CALIFORNIA
DBA HOMEAID OF NORTHERN CALIFORNIA

**Employer identification number** 

Part I	(b) n of noncash property given	FMV (o	(c)	7-13
MATERIALS AND S		(See in	er estimate) structions.)	(d) Date received
10 <u></u>	SERVICES DONATED TO	_		
		\$	12,913.	05/01/21
(a) No. from Descriptio	(b) n of noncash property given		(c) or estimate) estructions.)	(d) Date received
MATERIALS AND S BUILD VARIOUS S	SERVICES DONATED TO	_		
**************************************			8,071.	06/01/21
(a) No. from Descriptio	(b) n of noncash property given		(c) or estimate) estructions.)	(d) Date received
MATERIALS AND S BUILD VARIOUS S	SERVICES DONATED TO SHELTERS.			
		\$	5,000.	06/01/21
(a) No. from Descriptio	(b) n of noncash property given		(c) or estimate) nstructions.)	(d) Date received
	SERVICES DONATED TO SHELTERS.			
		\$	5,564.	06/01/21
(a) No. from Description	(b) n of noncash property given		(c) or estimate) nstructions.)	(d) Date received
MATERIALS AND S	SERVICES DONATED TO SHELTERS.			
		\$	5,745.	06/01/21
(a) No. from Description	(b) on of noncash property given		(c) or estimate) nstructions.)	(d) Date received
	SERVICES DONATED TO SHELTERS.			
			5,203.	06/01/21 Schedule B (Form 990) (

Name of organization SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part		
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(Gee mondonono.)	
20	MATERIALS AND SERVICES DONATED TO BUILD VARIOUS SHELTERS.		
28	BUILD VARIOUS SHELIERS.		
		5,958.	06/01/21
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
	MATERIALS AND SERVICES DONATED TO		
29	BUILD VARIOUS SHELTERS.		
		- s 10,218.	06/01/21
	:	_   \$ 10,218.	
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I	MATERIALS AND SERVICES DONATED TO		
30	BUILD VARIOUS SHELTERS.		
30	BOTHD VARIOUS SHEDTERS:	_	
		28,890.	06/01/21
(a)		(c)	
No.	(b)	FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(See instructions.)	Date received
raiti			
		\$	
(a)	4.5	(c)	(d)
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncestr property given	(See instructions.)	
		_	
		.	
		\$	:
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See instructions.)	
23453 11-1			Schedule B (Form 990) (2

Employer identification number

art III Exc from	AID OF NORTHERN CALIF lusively religious, charitable, etc., contribution any one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, char extra duplicate copies of Part III if additional sp	ns to organizations described in sec arough (e) and the following line entry. aritable, etc., contributions of \$1,000 or les	94-3322877  tion 501(c)(7), (8), or (10) that total more than \$1,000 for the  For organizations s for the year (Enter this info once.) \$\$		
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
n) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
) No.	Transferee's name, address, and		Relationship of transferor to transferee  (d) Description of how gift is held		
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of now girls nead		
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
o) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				

#### SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

**Employer identification number** 94-3322877

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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 FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

132051 10-28-21

Schedule D (Form 990) 2021

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

#### SHELTER PROVIDERS OF NORTHERN CALIFORNIA

Scho	dule D (Form 990) 2021 DBA HOM	EAID OF NO	RTHERN	V CAL	IFORNIA	A			22877		ge <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	t, Histor	rical Tr	easures, c	r Othe	r Simila	r Asset	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	ny of the	following tha	t make s	ignificant u	se of its			
	collection items (check all that apply):		-								
а	Public exhibition	d			hange progra	ım					
b	Scholarly research	е	U Oth	ner			_	_			
С	Preservation for future generations								2011		
4	Provide a description of the organization's co	ollections and explai	n how they	further th	ne organization	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	rical trea	sures, or othe	er similar	assets		1		
	to be sold to raise funds rather than to be m	aintained as part of t	he organiza	ation's co	llection?	******		D 1 1 1 4	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the or	ganizatio	n answered "	Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa						to all oldered				
1a	Is the organization an agent, trustee, custod								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		No
	on Form 990, Part X?								Yes		NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:				_	Amount		_
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										_
f	Ending balance								V		No
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	crow or cu	ustodial acco	unt liabil	ity?		Yes	F	No
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation	has been	provided on	N/ line	10		*********	_	
Pai	t V   Endowment Funds. Complete		(b) Prio	es on Fo	(c) Two year	s hark	(d) Three ve	ars back	(e) Four	vears	back
		(a) Current year	(b) Pho	ryear	(C) TWO your	5 Buok	(4) 111100 30		(0)	,	A.M.M.
1a	Beginning of year balance	-		_							
b	Contributions										
С	Net investment earnings, gains, and losses					-					
е	Other expenditures for facilities					- 1					
	and programs										
f	Administrative expenses					-					
g	End of year balance	Land to a second balance	- /line 1a	aalumn (	)) hold as:						
2	Provide the estimated percentage of the cur		e (line rg,	COIGITIIT (a	ajj riciu as.						
a	Board designated or quasi-endowment	%									
b	Permanent endowment	% %									
С	TOTAL OTTE OTTE OTTE OTTE OTTE OTTE OTTE OTT	- 1									
0-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	ould equal 100%	ation that s	are held a	nd administe	red for t	he organiza	ation			
3a		ession of the organiz	ation that t	are riole e	ing agrillinote	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No
	by: (i) Unrelated organizations								3a(i)		
	(ii) Related organizations								0 (0)		
_	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Sch	edule R?	******						
	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipm	nent.	JANTIGITE TOI	100.							
T CI	Complete if the organization answers	ed "Yes" on Form 99	0, Part IV, I	ine 11a. S	See Form 990	), Part X	, line 10				
-	Description of property	(a) Cost or o	$\overline{}$		or other		ccumulate	d	(d) Boo	k valu	e
	Description of property	basis (investi			(other)		preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	9990 I									

Schedule D (Form 990) 2021

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 DBA HOMEA Depart VIII Investments - Other Securities.

DRA	HOMEATD	OF	NORTHERN	CALIFORNIA

Complete if the organization answered "Yes" of		1b. 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	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other	224,429.	COST	
(A) CERTIFICATES OF DEPOSIT	224,425.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	224,429.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	453		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	······	
Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organization an	on Form 000. Bort IV line	11a or 11f See Form 990 Part X line 25	5
(a) Description of liability	on Form 990, Fart IV, line	The or Thi. Gee Form 550, Farex, into 20	(b) Book value
III)			(-)
(1) Federal income taxes (2) ACCRUED VACATION			2,837
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.1	<b>•</b>	2,837
	the text of the footnote to	the organization's financial statements	
<ol><li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li></ol>	FACE ACC 7/0 Check by	ere if the text of the footnote has been o	rovided in Part XIII
organization's liability for differrally tax positions differ	THE PAGE 140. GROOKING	Sch	nedule D (Form 990) 202

	Complete if the organization answered "Yes" on Form 990, Part IV, I		1 1	1,504,443.
1	Total revenue, gains, and other support per audited financial statements			1,501,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	(1) (1) (1) (1) (1)		
C	Recoveries of prior year grants	0.1		
ď	Other (Describe in Part XIII.)	0.000000	2e	0
_	Add lines 2a through 2d			1,504,443.
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
	Investment expenses not included on Form 990, Part VIII, line 7b	(EXCELLOSES)		
b	Other (Describe in Part XIII.)	(1)(0)-11(0)(0)(0)	4c	0
_C	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	21	**************	1,504,443
5	t XII   Reconciliation of Expenses per Audited Financial S	tatements With Exp	enses per Retu	
ai	Complete if the organization answered "Yes" on Form 990, Part IV, I			
_			1	1,165,459
1	Total expenses and losses per audited financial statements		***********	THE PROPERTY OF THE PERSON
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a	Donated services and use of facilities	(11,0)(11,0)		
	Prior year adjustments			
	Other losses	0.1		
d	Other (Describe in Part XIII.)		2e	0
_	Add lines 2a through 2d			1,165,459
3	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:			50 FF 000 2 FF 000 100 FF 000
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	\ \ \	
	Other (Describe in Part XIII.)			
			4c	0
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)		1,165,459
5				
rov	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
rov		I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
ov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
ov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	I 4; Part IV, lines 1b and 2b	; Part V, line 4; Part	X, line 2; Part XI,

### **SCHEDULE G** (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

SHELTER PROVIDERS OF NORTHERN CALIFORNIA

**Open to Public** Inspection

Employer identification number

94-3322877 DBA HOMEAID OF NORTHERN CALIFORNIA Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply-Solicitation of non-government grants e а Mail solicitations Solicitation of government grants b Internet and email solicitations Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual to (or retained by) (ii) Activity fundraiser from activity organization or entity (fundraiser) listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

13591111 759004 4304-000

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

SHELTER PROVIDERS OF NORTHERN CALIFORNIA 94-3322877 Page 2 DBA HOMEAID OF NORTHERN CALIFORNIA Schedule G (Form 990) 2021 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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events TRAP SHOOT (add col. (a) through 1 AND OTHER EV col. (c)) (total number) (event type) (event type) 290,250. 290,250 1 Gross receipts 2 Less: Contributions 290,250. 290,250 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs Direct 7 Food and beverages 8 Entertainment 92,207. 92,207. 9 Other direct expenses 92,207. 10 Direct expense summary, Add lines 4 through 9 in column (d) 198,043. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

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

Schedule G (Form 990) 2021

b If "Yes," explain:

### SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA 94-3322877 Page 3

Schedule G (Form 990) 2021 DBA HOMEAID OF NORTHERN CADIFORNI	
11 Does the organization conduct gaming activities with nonmembers?	Yes L No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other e	ntity formed
to administer charitable gaming?	
3 Indicate the percentage of gaming activity conducted in:	7 7
a The organization's facility	13a 9
b An outside facility	13b 9
4 Enter the name and address of the person who prepares the organization's gaming/special events be	ooks and records:
The little file figure and dodress of the person was proposed the organization - games and organization - games - game	
Nama	
Name	
Address	
	revenue? Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue?
	1.0
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party 🕨 \$	
c If "Yes," enter name and address of the third party:	
Name	
1100	
Address -	
6 Gaming manager information:	
Name	
Trains P	
Gaming manager compensation > \$	
Garning manager compensation • • • • • • • • • • • • • • • • • • •	
Description of services provided	
Description of services provided	
Director/officer Employee Independent contractor	
Director/officer Employee Independent contractor	
Mandatory distributions:	J- 4-
a Is the organization required under state law to make charitable distributions from the gaming proceed	Yes No
retain the state gaming license?	***************************************
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	itions 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, colu	nns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	is.

### SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA 94-3322877 Page 4 Schedule G (Form 990) Part IV | Supplemental Information (continued)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number 94-3322877

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
		4b		X
		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	١,		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2021

## 94-3322877 SHELTER PROVIDERS OF NORTHERN CALIFORNIA

Page 2

DBA HOMEAID OF NORTHERN CALIFORNIA

Schedule J (Form 990) 2021

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (iii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of M	/-2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
0)							
	0						
(1)							
(5)							
(ii)							
0)							
(ii)	0						
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(ii)							
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Schedule J (Form 990) 2021

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Part III | Supplemental Information

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

94-3322877

Schedule J (Form 990) 2021

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

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number 94-3322877

Par	T Types of Property			7.0		7-8		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on	(d) Method of determi noncash contribution a	_	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
•	trust interests			V				
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			9				
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (CONSTRUCTION)	X	63	885,	588.			
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	ontributions				
	for which the organization completed Form 828				29			
							Yes	No
30a	During the year, did the organization receive by	contribution	on any property re	oorted in Part I, lines	1 through	28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required	to be use	ed for		
	exempt purposes for the entire holding period?							X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard	contributi	ons?31		X
32a	Does the organization hire or use third parties							
	contributions?					32a		X
b	If "Yes," describe in Part II.						1 3	
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (	a) is checl	ked,		
	describe in Part II.							
				_		Only adult MITTO		10004

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

Schedule M (Form 990) 2021

### SHELTER PROVIDERS OF NORTHERN CALIFORNIA

Schedule M	(Form 990) 2021	DBA	HOMEAI	D OF	NORTHERN	CALIFORNIA	94-3322877	Page 2
Part II	Supplemental is reporting in Part	Infor	mation. Pro	vide the	information requir contributions, the i	ed by Part I, lines 30b number of items receiv	, 32b, and 33, and whether the organiz yed, or a combination of both. Also cor	ation nplete
-	this part for any ac	dditiona	l information.					
							35	
-					T.			
,								
-								
4								
					2			

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on

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 Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEAID OF NORTHERN CALIFORNIA

Employer identification number 94-3322877

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOMELESS MEN, WOMEN AND CHILDREN OF THE GREATER BAY AREA FORM 990, PART VI, SECTION A, LINE 3: CERTAIN ADMINISTRATIVE/CLERICAL WERE DELEGATED IN A WRITTEN AGREEMENT TO HOME BUILDERS ASSOCIATION OF NORTHERN CALIFORNIA. THE AGREEMENT OUTLINES VARIOUS HOURLY FEES ASSOCIATED WITH TYPICAL MONTHLY FUNCTIONS AND TIME AND CHARGES RELATED TO ORGANIZATION ACTIVITIES. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD MEMBERS ARE PROVIDED COPIES OF THE DRAFT FORM 990 FOR REVIEW DURING THE BOARD MEETINGS OR VIA EMAIL. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SIGNS A PLEDGE AGREEMENT TO ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15B: THE BOARD CHAIR AND EXECUTIVE COMMITTEE DETERMINE THE COMPENSATION FOR THE KEY EMPLOYEES VIA A WRITTEN CONTRACT AND APPROVAL BY THE EXECUTIVE COMMITTEE. FORM 990, PART VI, SECTION C, LINE 19: UPON ADVANCE NOTICE, COPIES OF FORM 1023, FORM 990, AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR ONSIGHT REVIEW AT THE ORGANIZATION'S

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

Schedule O (Form 990) 2021

OFFICE.

Schedule O (Form 990) 2021	Page 2
Name of the organization SHELTER PROVIDERS OF NORTHERN CALIFORNIA	Employer identification number 94-3322877
DBA HOMEAID OF NORTHERN CALIFORNIA	94-3322877
DODY OOG DADE VII IINE 20.	
FORM 990, PART XII, LINE 2C:	
THE EXECUTIVE COMMITTEE ASSUMES THE RESPONSIBILITY OF OVER	ERSIGHT OF THE
FINANCIAL STATEMENT AUDIT.	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

SHELTER PROVIDERS OF NORTHERN CALIFORNIA

Employer identification number 94-3322877

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

DBA HOMEAID OF NORTHERN CALIFORNIA

	(a)	(p)	(c)	(p)			£
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	ne End-of-year assets		Direct controlling entity
					_		
PartII	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, t	ecause it had one	or more related tax-exe	ımpt
	(a)	(q)	(0)	(p)	(e)	(f)	(g) Section 512(b)(13)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
	of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Yes No
HOME B	HOME BUILDERS ASSOCIATION OF NORTHERN	THE PURPOSE OF HBA-TO					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

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CALIFORNIA

INFORM AND SERVE THE BUILDING INDUSTRY OF

CALIFORNIA - 94-2243618, 1000 BURNETT AVE, HOME BUILDERS ASSOCIATION OF NORTHERN

94520

SUITE 340, CONCORD, CA

SHELTER PROVIDERS OF NORTHERN CALIFORNIA

DBA HOMEAID OF NORTHERN CALIFORNIA

Schedule R (Form 990) 2021

Page 2

94-3322877

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

age hip	f f		pe	(13) (13) (13) No	Ĭ	Ĩ	Î		2021
(k) Percent owners			ore rela	Section Sectio					m 990)
General or Percentage managing ownership partner?			one or m	(h) Percentage ownership					Schedule R (Form 990) 2021
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			1, because it had	(g) Share of Peend-of-year ov					Schedu
(h) Disproportionate allocations? Yes No			rt IV, line 34						
(g) Share of end-of-year assets			т 990, Ра	(f) Share of total income					
Shar Shar end-o ass			'es" on For	(e) Type of entity (C corp., S corp., or trust)					
(f) Share of total income			swered "Y						
			nization ar	(d) Direct controlling entity					
(e) inant incor in unrelate from tax uns 512-514			the orga						
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			omplete if	(c) Legal domicile (state or foreign country)					
(a) Direct controlling entity			oration or Trust. C year.	(b) Primary activity					
(c) Legal domicile (state or foreign country)			as a Corporate tax	Prim					
(b) Primary activity			ganizations Taxable are proportion or trust during	NIE.					
(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization					132162 11-17-21
			Partiv						13216

# SHELTER PROVIDERS OF NORTHERN CALIFORNIA

Page 3

94-3322877

Schedule R (Form 990) 2021 DBA HOMEAID OF NORTHERN CALIFORNIA

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

×× × × × Yes No × × (d) Method of determining amount involved 우 9 18 9 2 19 ÷ 19 ÷ ¥ E 무 19 ÷ <u>1</u> F = 19 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ٩ (3) (4)  $\Xi$ (2)

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(2)

Schedule R (Form 990) 2021

### 94-3322877

## SHELTER PROVIDERS OF NORTHERN CALIFORNIA

Schedule R (Form 990) 2021 DBA HOMEAID OF NORTHERN CALIFORNIA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(p)	(c)	(p)	(e)	£	(b)	(h)	(1)	S	(k)
Name, address, and EIN of entity	Primary activity	ë jë	Predominant income (related, unrelated, excluded from tax under	Are all Southers sec. S	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Dispropor- amount in box 20 managing ownership allocations? of Schedule K-1	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
								Schedul	e R (For	Schedule R (Form 990) 2021

### SHELTER PROVIDERS OF NORTHERN CALIFORNIA DBA HOMEATD OF NORTHERN CALIFORNIA

	F NORTHERN CALIFORNIA 9	4-3322877 Page 5
Part VII Supplemental Information		
Provide additional information for responses to quest	ons on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATE	D TAX-EXEMPT ORGANIZATIONS:	
<u> </u>		
NAME OF RELATED ORGANIZATION:		
HOME BUILDERS ASSOCIATION OF NORT	HERN CALIFORNIA	
PRIMARY ACTIVITY: THE PURPOSE OF	HRA-TO INFORM AND SERVE THE 1	BUTTIDING
TRIMARI ACTIVITI: THE TORTOBE OF	IDA TO THE OWN THE BLIVE THE A	30123110
INDUSTRY OF NORTHERN CA		
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