

Form **990**

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SHELTER PROVIDERS OF SACRAMENTO INC. Doing business as HOMEAID SACRAMENTO Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1536 EUREKA ROAD City or town, state or province, country, and ZIP or foreign postal code ROSEVILLE, CA 95661 F Name and address of principal officer: ELIZABETH KANG SAME AS C ABOVE | D Employer identification number 68-0391843 E Telephone number 916-677-5717 G Gross receipts \$ 788,946. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.HOMEAIDSAC.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1996 | | M State of legal domicile: CA |

Part I Summary

| | | |
|------------------------------------|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SHELTER PROVIDERS OF SACRAMENTO DBA HOMEAID SACRAMENTO'S MISSION IS TO BUILD NEW LIVES FOR HOMELESS 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 2 6 Total number of volunteers (estimate if necessary) 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) Prior Year 410,574. Current Year 245,087. 9 Program service revenue (Part VIII, line 2g) 37,642. 4,661. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,141. 6,085. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 128,935. 178,242. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 580,292. 434,075. | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 261,969. 77,255. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 90,074. 132,214. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,449. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 147,371. 156,707. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 499,414. 366,176. 19 Revenue less expenses. Subtract line 18 from line 12 80,878. 67,899. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) Beginning of Current Year 747,640. End of Year 843,318. 21 Total liabilities (Part X, line 26) 2,865. 881. 22 Net assets or fund balances. Subtract line 21 from line 20 744,775. 842,437. | |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer ELIZABETH KANG, EXECUTIVE DIRECTOR Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name DARLA A. COLSON | Preparer's signature Date 10/17/17 |
| | Firm's name ▶ GILBERT ASSOCIATES, INC. Firm's address ▶ 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA 95833 | Check <input type="checkbox"/> if self-employed PTIN P00027123 Firm's EIN ▶ 68-0037990 Phone no. 916-646-6464 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
HOMEAID RECRUITS PROFESSIONALS FROM THE BUILDING INDUSTRY TO FACILITATE AND ASSIST IN THE CONSTRUCTION OR REHABILITATION OF DIGNIFIED HOUSING WHERE HOMELESS FAMILIES AND INDIVIDUALS CAN REBUILD THEIR LIVES. HOMEAID SOLICITS, COORDINATES AND TRACKS DONATIONS OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 189,540. including grants of \$ 77,255.) (Revenue \$ 4,661.)
HOMEAID, WHICH RECEIVES NO GOVERNMENT FUNDING, TAKES PRIDE IN HAVING CONSTRUCTED DIGNIFIED HOUSING FOR HOMELESS FAMILIES AND INDIVIDUALS IN SACRAMENTO SINCE 1996. EACH YEAR, HOMEAID'S BOARD OF DIRECTORS APPROVES THE PROJECTS BROUGHT TO US BY NONPROFIT PROVIDERS OF HOMELESS SHELTERS. SINCE 1996, HOMEAID LEVERAGED IN-KIND DONATIONS OF OVER \$7,281,000 FROM MORE THAN 100 HOMEBUILDERS AND THEIR TRADE PARTNERS, ENABLING US TO INCREASE SHELTER CAPACITY FOR THE HOMELESS BY OVER 950 BEDS. EXAMPLES OF HOMEAID'S SUPPORT IN 2016 INCLUDE:
-COMplete a two bedroom expansion of a domestic violence shelter in Yolo County.
-BEGAN CONSTRUCTION OF A 22 bedroom emergency shelter for homeless women and children in Sacramento County

4b (Code:) (Expenses \$ 5,028. including grants of \$) (Revenue \$)
EACH YEAR HOMEAID SPONSORS A NUMBER OF PAINT AND "CARE" PROJECTS FOR HOMELESS SHELTERS, UTILIZING VOLUNTEERS FROM THE BUILDER INDUSTRY AND THE COMMUNITY TO UPGRADE THE INTERIORS AND EXTERIORS OF TRANSITIONAL HOUSING FOR THE HOMELESS. HOMEAID DONATES THE MATERIALS, PAINT AND LABOR TO COMPLETE THESE PROJECTS. IN 2016, VOLUNTEERS DONATED ALMOST 3761 HOURS OF TIME VALUED AT \$103,575 TO SUPPORT THESE PROJECTS AND EVENTS AS WELL AS SERVE ON VOLUNTEER PROGRAM COMMITTEES TO SUPPORT HOMEAID'S WORK IN THE COMMUNITY TO PREVENT HOMELESSNESS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
HOMEAID PROVIDES ON-GOING OUTREACH AND COMMUNICATION REGARDING OUR SERVICES AND ACCOMPLISHMENTS TO BUSINESSES, BUILDERS, AND POTENTIAL DONORS. THE PURPOSE OF OUR COMMUNICATION VIA OUR WEBSITE, MONTHLY NEWSLETTER, E-NEWS, FACEBOOK, AND PRESENTATIONS IS TO UNDERSCORE THE IMPORTANCE OF THE HOME BUILDING INDUSTRY'S ROLE IN ADDRESSING THE HOUSING OF THE HOMELESS IN OUR COMMUNITY. HOMEAID SEEKS TO KEEP IN THE FOREFRONT THE FACT THAT HOMELESS SHELTERS DO NOT HAVE THE FUNDING, RESOURCES, OR EXPERTISE NECESSARY TO SUPPORT REMODELING AND BUILDING PROJECTS NEEDED TO PROVIDE HOUSING AND SHELTER FOR HOMELESS VETERANS, FAMILIES, CHILDREN AND INDIVIDUALS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 194,568.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 21 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 21 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ROBERT GARRIQUES - 916-677-5717**
1536 EUREKA ROAD, ROSEVILLE, CA 95661

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DOYLE HEADRICK IMMEDIATE PAST CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) VANESSA RYAN CHAIR | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (3) KEVIN CARSON VICE CHAIR | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) COLIN ROE TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) EARL KEITH SECRETARY | 2.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) JOHN NORMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) PHILIP DUNCAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) DRAGOS COJOCARU DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JOHN ORR DIRECTOR | 1.00 20.00 | X | | | | | | 0. | 28,500. | 0. |
| (10) SCOTT TRUJILLO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) DAR AHRENS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) CHAD WATTS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) FRANCES KNIGHT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) CHRISTIE HOLDEREGGER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) DEBBIE HALDEMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) DAVID WINN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) JON NICHOLSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOHN CAULFIELD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) DAVID RAGLAND DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) MICHAEL WAGNER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) JOE KILLINGER DIRECTOR | 1.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (22) ELIZABETH KANG EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 85,036. | 0. | 4,042. |
| (23) MICHAEL STRECH PRESIDENT/CEO-BIA | 2.00 38.00 | | | X | | | | 0. | 205,000. | 16,250. |
| 1b Sub-total | | | | | | | | 85,036. | 233,500. | 20,292. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 85,036. | 233,500. | 20,292. |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|----------|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 245,087. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 75,858. | | | | | |
| | h Total. Add lines 1a-1f | | | 245,087. | | | | |
| Program Service Revenue | 2 a PROGRAM SERVICE FEES | Business Code | 900099 | 4,661. | 4,661. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 4,661. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 4,719. | | | 4,719. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | 216,705. | | | | |
| | | b Less: cost or other basis and sales expenses | | 215,339. | | | | |
| | | c Gain or (loss) | | 1,366. | | | | |
| | | d Net gain or (loss) | | | 1,366. | | | 1,366. |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | 317,530. | | | | |
| | | b Less: direct expenses | | 139,532. | | | | |
| | | c Net income or (loss) from fundraising events | | | 177,998. | | | 177,998. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | | |
| | b Less: cost of goods sold | | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a MISCELLANEOUS | 900099 | | 244. | | | | 244. | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | 244. | | | | |
| 12 Total revenue. See instructions. | | | 434,075. | 4,661. | 0. | 184,327. | | |

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 77,255. | 77,255. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 89,077. | 40,607. | 26,825. | 21,645. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 31,927. | 14,647. | 9,565. | 7,715. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 1,436. | 567. | 479. | 390. |
| 10 Payroll taxes | 9,774. | 4,413. | 2,921. | 2,440. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 158. | | 158. | |
| c Accounting | 13,500. | | 13,500. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 21,527. | 1,003. | 19,382. | 1,142. |
| 12 Advertising and promotion | 8,462. | | 7,021. | 1,441. |
| 13 Office expenses | 24,651. | 1,247. | 18,525. | 4,879. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 18,000. | | 18,000. | |
| 17 Travel | 2,887. | 527. | 2,178. | 182. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 4,105. | 125. | 2,999. | 981. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,000. | | 1,000. | |
| 23 Insurance | 1,031. | | 1,031. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROJECT EXPENSES | 53,944. | 53,944. | | |
| b AWARDS | 4,402. | 233. | 3,651. | 518. |
| c MISCELLANEOUS | 3,040. | | 2,924. | 116. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 366,176. | 194,568. | 130,159. | 41,449. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 157. | 1 | 157. |
| | 2 Savings and temporary cash investments | 212,910. | 2 | 272,028. |
| | 3 Pledges and grants receivable, net | 15,000. | 3 | 0. |
| | 4 Accounts receivable, net | 11,948. | 4 | 9,114. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 479. | 9 | 0. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 14,027. | | |
| | b Less: accumulated depreciation | 10b 11,400. | 3,627. | 10c 2,627. |
| | 11 Investments - publicly traded securities | 503,519. | 11 | 559,392. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 747,640. | 16 | 843,318. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,965. | 17 | 881. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 900. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 2,865. | 26 | 881. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 642,345. | 27 | 727,264. |
| | 28 Temporarily restricted net assets | 56,397. | 28 | 45,854. |
| | 29 Permanently restricted net assets | 46,033. | 29 | 69,319. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 744,775. | 33 | 842,437. |
| 34 Total liabilities and net assets/fund balances | 747,640. | 34 | 843,318. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 434,075. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 366,176. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 67,899. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 744,775. |
| 5 | Net unrealized gains (losses) on investments | 5 | 29,763. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 842,437. |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| | |
|--|--|
| Name of the organization SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number 68-0391843 |
|--|--|

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 113,582. | 152,724. | 302,236. | 410,574. | 245,087. | 1,224,203. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 113,582. | 152,724. | 302,236. | 410,574. | 245,087. | 1,224,203. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 261,192. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 963,011. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 113,582. | 152,724. | 302,236. | 410,574. | 245,087. | 1,224,203. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 309. | 210. | 11,127. | 7,742. | 4,719. | 24,107. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 71,608. | | | 150. | | 71,758. |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,320,068. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 871,571. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 72.95 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 55.73 % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 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. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 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.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

SHELTER PROVIDERS OF SACRAMENTO INC.

Employer identification number

68-0391843

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|---|---|
| Name of organization SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number 68-0391843 |
|---|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | GBD COMMUNITIES 3001 DOUGLAS BLVD. SUITE 200 ROSEVILLE, CA 95661 | \$ 8,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | GREG & LINDA GRANT 1715 LADINO RD SACRAMENTO, CA 95864 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | INTERWEST INSURANCE SERVICES 3636 AMERICAN RIVER DRIVE, 2ND FL SACRAMENTO, CA 95864 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | JEANI BUCKMASTER AND DENNIS CALMES 4577 GRESHAM DRIVE EL DORADO HILLS, CA 95762 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | KEVIN CARSON 9740 WEDDINGTON CIR. GRANITE BAY, CA 95661 | \$ 5,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | LENNAR CHARITABLE HOUSING FOUNDATION 25 ENTERPRISE, SUITE 430 ALISO VIEJO, CA 92656 | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number 68-0391843 |
|---|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | RABOBANK, N.A. 915 HIGHLAND POINTE DR., STE 350 ROSEVILLE, CA 95678 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | SACRAMENTO REGION COMMUNITY FOUNDATION 955 UNIVERSITY AVENUE, STE A SACRAMENTO, CA 95825 | \$ 7,603. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | THE ALLSTATE FOUNDATION 8711 FREEPORT PARKWAY NORTH IRVING, TX 75063 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | THE BANK OF AMERICA FOUNDATION 10850 WHITE ROCK RD, STE 102 RANCHO CORDOVA, CA 95670 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | THE HARRY C. & DEBORAH L. ELLIOTT FAMILY FOUNDATION 80 IRON POINT CIRCLE, STE 110 FOLSOM, CA 95630 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | TAYLOR MORRISON 1180 IRON POINT ROAD, STE 100 FOLSOM, CA 95630 | \$ 20,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number 68-0391843 |
|---|---|

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 13 | VILLARA 4700 LANG AVENUE MCCLELLAN, CA 95652 | \$ 5,939. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | FLETCHER PLUMBING 3352 SWETZER ROAD LOOMIS, CA 95650 | \$ 7,180. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | ADVANTAGE DRYWALL 3169 INDUSTRIAL DRIVE YUBA CITY, CA 95993 | \$ 9,440. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | BSB 5151 GOLDEN FOOTHILL PARKWAY, STE 110 EL DORADO HILLS, CA 95762 | \$ 5,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number 68-0391843 |
|---|---|

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|---|--|----------------------|
| 13 | CONSTRUCTION MATERIALS _____ _____ _____ | \$ 5,939. | 12/31/16 |
| 14 | CONSTRUCTION MATERIALS _____ _____ _____ | \$ 7,180. | 12/31/16 |
| 15 | CONSTRUCTION MATERIALS _____ _____ _____ | \$ 9,440. | 12/31/16 |
| 16 | CONSTRUCTION MATERIALS _____ _____ _____ | \$ 5,000. | 12/31/16 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number 68-0391843 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from 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 | |
| | | | |
| (a) No. from 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 | |
| | | | |
| (a) No. from 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 | |
| | | | |
| (a) No. from 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 Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: SHELTER PROVIDERS OF SACRAMENTO INC. Employer identification number: 68-0391843

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, Held at the End of the Tax Year (2a-2d), and Yes/No. Rows include purpose of easements, total number and acreage, monitoring policy, and expenses.

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

Table with 3 columns: Question, Revenue, Assets. Rows include reporting requirements for art and historical treasures.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 47,913. | | | | |
| b Contributions | 20,200. | 50,000. | | | |
| c Net investment earnings, gains, and losses | 3,336. | -2,087. | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 71,449. | 47,913. | | | |

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

- a Board designated or quasi-endowment 71.23 %
- b Permanent endowment 28.77 %
- c Temporarily restricted endowment %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 4,061. | 1,434. | 2,627. |
| e Other | | 9,966. | 9,966. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,627. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

IN 2015, HOMEAID SACRAMENTO'S BOARD OF DIRECTORS ESTABLISHED THE HOMEAID SACRAMENTO ENDOWMENT FUND TO BUILD A RESERVE FOR THE PURPOSE OF CREATING A SOLID FINANCIAL FOUNDATION FOR THE ORGANIZATION.

THE FUNDING HOMEAID RECEIVES FROM THE ENDOWMENT FUND WILL BE USED TO SUPPORT HOMEAID'S PROGRAMS AND THE PROJECTS THE ORGANIZATION UNDERTAKES IN THE SACRAMENTO REGION TO FULFILL OUR MISSION OF BUILDING NEW LIVES FOR HOMELESS FAMILIES AND INDIVIDUALS THROUGH HOUSING AND COMMUNITY OUTREACH.

PART X, LINE 2:

THE ORGANIZATION HAS IMPLEMENTED ACCOUNTING PRINCIPLES RELATED TO

Part XIII Supplemental Information *(continued)*

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT THERE IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. WITH SOME EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2012.

DRAFT

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **SHELTER PROVIDERS OF SACRAMENTO INC.** Employer identification number **68-0391843**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 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.
-
-
-
-
-
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-
-

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|---------------------------------|---------------------|---|----------|
| | | TRAPSHOOT (event type) | GOLF - EDGEWOOD (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 132,505. | 100,016. | 83,109. | 315,630. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 132,505. | 100,016. | 83,109. | 315,630. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | 12,566. | 4,814. | 1,124. | 18,504. |
| | 6 | Rent/facility costs | 12,797. | 23,738. | 11,590. | 48,125. |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 26,345. | 22,622. | 13,115. | 62,082. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 128,711. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 186,919. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b 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 ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Supplemental Information *(continued)*

DRAFT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **SHELTER PROVIDERS OF SACRAMENTO INC.** Employer identification number **68-0391843**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|--|
| EMPOWER YOLO 175 WALNUT ST. WOODLAND, CA 95695 | 94-3027535 | 501(C)(3) | 1,397. | 17,388. | | | GRANTS/FACILITATE AND ASSIST IN THE CONSTRUCTION/REHABILITATI OF DIGNIFIED HOUSING |
| VOLUNTEERS OF AMERICA NORTHERN CALIFORNIA AND NORTHERN NEVADA, INC. - 3434 MARCONI AVENUE - SACRAMENTO, CA 95821 | 94-6001984 | 501(C)(3) | 0. | 45,993. | | | GRANTS/FACILITATE AND ASSIST IN THE CONSTRUCTION/REHABILITATI OF DIGNIFIED HOUSING |
| ST. JOHNS PROGRAM FOR REAL CHANGE 2443 FAIR OAKS BLVD #369 SACRAMENTO, CA 95825 | 68-0132934 | 501(C)(3) | 0. | 12,127. | | | GRANTS/FACILITATE AND ASSIST IN THE CONSTRUCTION/REHABILITATI OF DIGNIFIED HOUSING |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

HOMEAID RECEIVES APPLICATIONS FOR ASSISTANCE FROM SERVICE PROVIDERS
 OPERATING SHELTERS AND OFFERING ASSISTANCE TO THOSE IN NEED. ONCE THE
 APPLICATIONS ARE APPROVED, HOMEAID SELECTS BUILDER CAPTAINS FROM
 PROFESSIONALS FROM THE BUILDING INDUSTRY AND SOLICITS, COORDINATES, AND
 TRACKS DONATIONS OF LABOR AND BUILDING MATERIALS DONATED FROM THE BUILDING
 INDUSTRY FOR A SPECIFIC PROJECT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SHELTER PROVIDERS OF SACRAMENTO INC.

Employer identification number
68-0391843

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the filing 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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.

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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

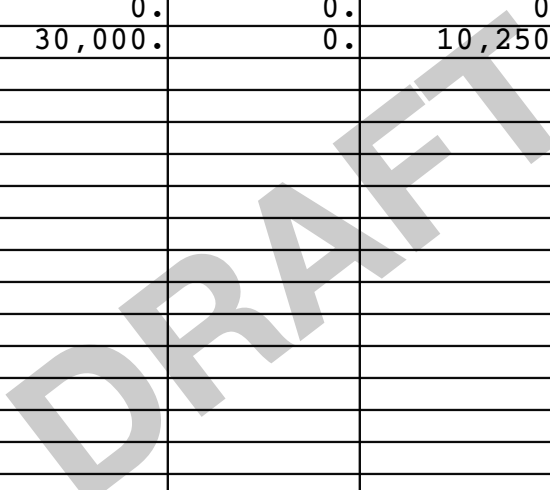
Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). 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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MICHAEL STRECH PRESIDENT/CEO-BIA | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 175,000. | 30,000. | 0. | 10,250. | 6,000. | 221,250. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |



**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **SHELTER PROVIDERS OF SACRAMENTO INC.** Employer identification number: **68-0391843**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 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 | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (CONSTRUCTION) | X | 35 | 75,858.FMV | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS BEING REPORTED.

DRAFT

SCHEDULE O
(Form 990 or 990-EZ)

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
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SHELTER PROVIDERS OF SACRAMENTO INC.

Employer identification number

68-0391843

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES AND INDIVIDUALS THROUGH HOUSING AND COMMUNITY OUTREACH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LABOR AND BUILDING MATERIALS DONATED FROM THE BUILDING INDUSTRY FOR
SPECIFIC PROJECTS BROUGHT TO US BY AREA HOMELESS SHELTER PARTNERS.

HOMEAID ALSO IDENTIFIES AREA BUILDERS TO SERVE AS BUILDER CAPTAINS FOR
EACH OF THE PROJECTS APPROVED BY THE HOMEAID BOARD OF DIRECTORS. THE
BUILDER CAPTAINS ENSURE THAT THE QUALITY OF THE WORK BEING DONE BY OUR
VOLUNTEERS AND BUSINESSES CONTRIBUTING TO EACH PROJECT COMPLIES WITH
BUILDING CODES AND STANDARDS.

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

-CONTINUING A MAJOR RENOVATION OF 12 APARTMENTS FOR HOMELESS VETERANS
AND THEIR FAMILIES IN THE SACRAMENTO REGION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN CONJUNCTION WITH NATIONAL HOMELESSNESS AWARENESS MONTH, HOMEAID
COLLECTED AND DISTRIBUTED OVER 400 BLANKETS AND PERSONAL CARE ITEMS FOR
HOMELESS INDIVIDUALS, CHILDREN, AND FAMILIES IN OUR COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 1:

HOMEAID'S EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIR, VICE-CHAIR,
TREASURER AND SECRETARY. THE EXECUTIVE COMMITTEE ACTS AS THE FINANCE
COMMITTEE, NOMINATING COMMITTEE (FOR BOARD LEADERSHIP) AND HAS THE
AUTHORITY TO HIRE THE ORGANIZATION'S EXECUTIVE DIRECTOR.

| | |
|--|--|
| Name of the organization SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number 68-0391843 |
|--|--|

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER - NORTH STATE BUILDING INDUSTRY ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A:

NORTH STATE BIA, A NON-PROFIT, IS THE SOLE VOTING MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE HOMEAID BOARD WILL REVIEW THE FORM 990 BEFORE SUBMISSION TO THE TAXING AUTHORITY.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITOR AND ENFORCE COMPLIANCE BY STAFF AS CIRCUMSTANCES REQUIRE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO OF THE NORTH STATE BUILDING INDUSTRY SETS IN CONSIDERATION WITH THE BOARD CHAIR, THE SALARY FOR THE EXECUTIVE DIRECTOR. THIS PROCESS WAS LAST UNDERTAKEN IN 2016.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW BY THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENTS, AUDIT AND FOR THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM HAS NOT CHANGED FROM THE PRIOR YEAR FOR THE ORGANIZATION.

Name of the organization

SHELTER PROVIDERS OF SACRAMENTO INC.

Employer identification number

68-0391843

DRAFT

**SCHEDULE R
(Form 990)**

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SHELTER PROVIDERS OF SACRAMENTO INC.

Employer identification number

68-0391843

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| NORTH STATE BUILDING INDUSTRY ASSOCIATION - 94-1140169, 1536 EUREKA ROAD, ROSEVILLE, CA 95661 | EDUCATIONAL AND COMMUNITY DEVELOPMENT | CALIFORNIA | 501(C)(6) | | N/A | | X |
| NORTH STATE BUILDING INDUSTRY FOUNDATION - 26-0772414, 1536 EUREKA ROAD, ROSEVILLE, CA 95661 | EDUCATIONAL AND COMMUNITY DEVELOPMENT | CALIFORNIA | 501(C)(3) | LINE 7 | NORTH STATE BUILDING INDUSTRY ASSOCIATION | | X |
| COMM. FOR HOME OWNERSHIP OF THE NORTHSTATE BUILDING ASSOCIATION - 33-1074794, 1536 EUREKA ROAD, ROSEVILLE, CA 95661 | SUPPORT CANDIDATES CONSISTENT WITH ASSOCIATION'S PURPOSE | CALIFORNIA | 527 | | NORTH STATE BUILDING INDUSTRY ASSOCIATION | | X |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2016

Part III 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV 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 | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) NORTH STATE BUILDING INDUSTRY ASSOCIATION | P | 25,200. | BOARD APPROVED REIMBURSEMENT |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II

SHELTER PROVIDERS OF SACRAMENTO INC. D/B/A HOMEAID DOES NOT HAVE A POLITICAL ACTION COMMITTEE. THE PAC IS LISTED HERE ONLY THROUGH A BROTHER/SISTER TYPE RELATIONSHIP WHERE NORTH STATE BUILDING INDUSTRY ASSOCIATION CONTROLS THE ORGANIZATIONS LISTED ABOVE.

DRAFT

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

| | | Enter filer's identifying number |
|---|--|--|
| Type or print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization or other filer, see instructions. SHELTER PROVIDERS OF SACRAMENTO INC. | Employer identification number (EIN) or 68-0391843 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1536 EUREKA ROAD | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROSEVILLE, CA 95661 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

ROBERT GARRIQUES

• The books are in the care of ▶ **1536 EUREKA ROAD - ROSEVILLE, CA 95661**
 Telephone No. ▶ **916-677-5717** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

| | | |
|--|--------------------------------|---|
| Corporation/Organization name SHELTER PROVIDERS OF SACRAMENTO INC. | | California corporation number 1977218 |
| Additional information. See instructions. | | FEIN 68-0391843 |
| Street address (suite or room) 1536 EUREKA ROAD | | PMB no. |
| City ROSEVILLE | State CA | ZIP code 95661 |
| Foreign country name | Foreign province/state/country | Foreign postal code |

| | |
|---|---|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|---|---|

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|------------------------------|----|--|----|------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 543,859.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 245,087.00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B STMT 2 | 4 | 788,946.00 |
| | 5 | Cost of goods sold | 5 | 00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 215,339.00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 215,339.00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 573,607.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 505,708.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 67,899.00 |
| Filing Fee | 11 | Total payments | 11 | 00 |
| | 12 | Use tax. See General Instruction K | 12 | 00 |
| | 13 | Payment balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | 00 |
| | 15 | Filing fee \$10 or \$25. See General Instruction F | 15 | N/A 00 |
| | 16 | Penalties and Interest. See General Instruction J | 16 | 00 |
| | 17 | Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | 17 | 00 |

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

| | | | |
|---------------------------------|--|----------------------|---------------------------------|
| Sign Here | Signature of officer EXECUTIVE DIRE | Date | • Telephone |
| Paid Preparer's Use Only | Preparer's signature | Date 10/17/17 | • PTIN P00027123 |
| | Firm's name (or yours, if self-employed) and address | | • FEIN 68-0037990 |
| | | | • Telephone 916-646-6464 |

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

628951 11-30-16

| | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|------------|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | 317,530.00 | |
| | 2 | Interest | • | 2 | 4,719.00 | |
| | 3 | Dividends | • | 3 | 00 | |
| | 4 | Gross rents | • | 4 | 00 | |
| | 5 | Gross royalties | • | 5 | 00 | |
| | 6 | Gross amount received from sale of assets (See Instructions) STATEMENT 3 | • | 6 | 216,705.00 | |
| | 7 | Other income SEE STATEMENT 4 | • | 7 | 4,905.00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 543,859.00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid STATEMENT 5 | • | 9 | 77,255.00 | |
| | 10 | Disbursements to or for members | • | 10 | 00 | |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 6 | • | 11 | 89,077.00 | |
| | 12 | Other salaries and wages | • | 12 | 31,927.00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | 00 |
| | | 14 | Taxes | • | 14 | 9,774.00 |
| | | 15 | Rents | • | 15 | 18,000.00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | 1,000.00 |
| | | 17 | Other Expenses and Disbursements SEE STATEMENT 7 | • | 17 | 278,675.00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | 505,708.00 |

| Schedule L Balance Sheet | Beginning of taxable year | | | End of taxable year | |
|--|---------------------------|----------|-------------|---------------------|----------|
| | (a) | (b) | (c) | (d) | |
| Assets | | | | | |
| 1 Cash | | 213,067. | | • | 272,185. |
| 2 Net accounts receivable | | 11,948. | | • | 9,114. |
| 3 Net notes receivable | | | | • | |
| 4 Inventories | | | | • | |
| 5 Federal and state government obligations | | | | • | |
| 6 Investments in other bonds | | | | • | |
| 7 Investments in stock | | | | • | |
| 8 Mortgage loans | | | | • | |
| 9 Other investments STMT 8 | | 503,519. | | • | 559,392. |
| 10 a Depreciable assets | 14,027. | | 14,027. | | |
| b Less accumulated depreciation | (10,400.) | 3,627. | (11,400.) | | 2,627. |
| 11 Land | | | | • | |
| 12 Other assets STMT 9 | | 15,479. | | • | |
| 13 Total assets | | 747,640. | | | 843,318. |
| Liabilities and net worth | | | | | |
| 14 Accounts payable | | 1,965. | | • | 881. |
| 15 Contributions, gifts, or grants payable | | | | • | |
| 16 Bonds and notes payable | | | | • | |
| 17 Mortgages payable | | | | • | |
| 18 Other liabilities STMT 10 | | 900. | | | |
| 19 Capital stock or principal fund | | | | • | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • | |
| 21 Retained earnings or income fund | | 744,775. | | • | 842,437. |
| 22 Total liabilities and net worth | | 747,640. | | | 843,318. |

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

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

| | | | | | |
|--|---|---------|--|---|---------|
| 1 Net income per books | • | 97,662. | 7 Income recorded on books this year not included in this return. STMT 11 | • | 29,763. |
| 2 Federal income tax | • | | 8 Deductions in this return not charged against book income this year | • | |
| 3 Excess of capital losses over capital gains | • | | 9 Total. Add line 7 and line 8 | | 29,763. |
| 4 Income not recorded on books this year | • | | 10 Net income per return. | | |
| 5 Expenses recorded on books this year not deducted in this return | • | | Subtract line 9 from line 6 | | 67,899. |
| 6 Total. Add line 1 through line 5 | | 97,662. | | | |

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|--|---|--------------|----------|
| GBD COMMUNITIES | 3001 DOUGLAS BLVD. SUITE 200 ROSEVILLE, CA 95661 | 12/31/16 | 8,500. |
| GREG & LINDA GRANT | 1715 LADINO RD SACRAMENTO, CA 95864 | 12/31/16 | 10,000. |
| INTERWEST INSURANCE SERVICES | 3636 AMERICAN RIVER DRIVE, 2ND FL SACRAMENTO, CA 95864 | 12/31/16 | 5,000. |
| JEANI BUCKMASTER AND DENNIS CALMES | 4577 GRESHAM DRIVE EL DORADO HILLS, CA 95762 | 12/31/16 | 25,000. |
| KEVIN CARSON | 9740 WEDDINGTON CIR. GRANITE BAY, CA 95661 | 12/31/16 | 5,250. |
| LENNAR CHARITABLE HOUSING FOUNDATION | 25 ENTERPRISE, SUITE 430 ALISO VIEJO, CA 92656 | 12/31/16 | 40,000. |
| RABOBANK, N.A. | 915 HIGHLAND POINTE DR., STE 350 ROSEVILLE, CA 95678 | 12/31/16 | 5,000. |
| SACRAMENTO REGION COMMUNITY FOUNDATION | 955 UNIVERSITY AVENUE, STE A SACRAMENTO, CA 95825 | 12/31/16 | 7,603. |
| THE ALLSTATE FOUNDATION | 8711 FREEPORT PARKWAY NORTH IRVING, TX 75063 | 12/31/16 | 10,000. |
| THE BANK OF AMERICA FOUNDATION | 10850 WHITE ROCK RD, STE 102 RANCHO CORDOVA, CA 95670 | 12/31/16 | 5,000. |
| THE HARRY C. & DEBORAH L. ELLIOTT FAMILY FOUNDATION | 80 IRON POINT CIRCLE, STE 110 FOLSOM, CA 95630 | 12/31/16 | 5,000. |
| TAYLOR MORRISON | 1180 IRON POINT ROAD, STE 100 FOLSOM, CA 95630 | 12/31/16 | 20,200. |
| TOTAL INCLUDED ON LINE 3 | | | 146,553. |

FORM 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|--------------------------------------|---------------------|--------------------|
| VILLARA | 4700 LANG AVENUE MCCLELLAN, CA 95652 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| CONSTRUCTION MATERIALS | 12/31/16 | 5,939. | 5,939. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|------------------------------------|---------------------|--------------------|
| FLETCHER PLUMBING | 3352 SWETZER ROAD LOOMIS, CA 95650 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| CONSTRUCTION MATERIALS | 12/31/16 | 7,180. | 7,180. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|---|---------------------|--------------------|
| ADVANTAGE DRYWALL | 3169 INDUSTRIAL DRIVE YUBA CITY, CA 95993 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| CONSTRUCTION MATERIALS | 12/31/16 | 9,440. | 9,440. |

| <u>CONTRIBUTOR'S NAME</u> | <u>CONTRIBUTOR'S ADDRESS</u> | | |
|-----------------------------|---|---------------------|--------------------|
| BSB | 5151 GOLDEN FOOTHILL PARKWAY, STE 110 EL DORADO HILLS, CA 95762 | | |
| <u>PROPERTY DESCRIPTION</u> | <u>DATE OF GIFT</u> | <u>TOTAL AMOUNT</u> | <u>FMV OF GIFT</u> |
| CONSTRUCTION MATERIALS | 12/31/16 | 5,000. | 5,000. |

TOTAL INCLUDED ON LINE 3

27,559.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | COST OR OTHER BASIS | DEPREC. | EXPENSE OF SALE | GROSS SALES PRICE |
|---------------------------------|---------------|-----------|-----------------|---------------------|---------|-----------------|-------------------|
| MARKETABLE SECURITIES | 01/01/16 | 12/31/16 | PURCHASED | 215,339. | 0. | 0. | 216,705. |
| TOTAL TO FORM 199, PAGE 2, LN 6 | | | | 215,339. | 0. | 0. | 216,705. |

FORM 199 OTHER INCOME STATEMENT 4

| DESCRIPTION | AMOUNT |
|------------------------------------|----------------|
| MISCELLANEOUS PROGRAM SERVICE FEES | 244. 4,661. |
| TOTAL TO FORM 199, PART II, LINE 7 | 4,905. |

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| | | | |
|----------|--|-----------|---|
| FORM 199 | NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID | STATEMENT | 5 |
|----------|--|-----------|---|

ACTIVITY CLASSIFICATION: GRANTS

| <u>NAME OF DONEE</u> | <u>ADDRESS OF DONEE</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|----------------------|---------------------------------------|---------------------|---------------|
| EMPOWER YOLO | 175 WALNUT ST - WOODLAND, CA 95695 | NONE | 18,785. |

| <u>DATE OF GIFT</u> | <u>BOOK VALUE OF GIFT</u> | <u>PROPERTY DESCRIPTION</u> | <u>METHOD USED TO DETERMINE BOOK VALUE</u> |
|---------------------|---------------------------|-----------------------------|--|
| 12/31/16 | 17,388. | CONSTRUCTION MATERIALS | FMV |

| <u>NAME OF DONEE</u> | <u>ADDRESS OF DONEE</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--|---|---------------------|---------------|
| VOLUNTEERS OF AMERICA NORTHERN CALIFORNI | 3434 MARCONI AVENUE - SACRAMENTO, CA 95821 | NONE | 45,993. |

| <u>DATE OF GIFT</u> | <u>BOOK VALUE OF GIFT</u> | <u>PROPERTY DESCRIPTION</u> | <u>METHOD USED TO DETERMINE BOOK VALUE</u> |
|---------------------|---------------------------|-----------------------------|--|
| 12/31/16 | 45,993. | CONSTRUCTION MATERIALS | FMV |

| <u>NAME OF DONEE</u> | <u>ADDRESS OF DONEE</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|-----------------------------------|--|---------------------|---------------|
| ST. JOHNS PROGRAM FOR REAL CHANGE | 2443 FAIR OAKS BLVD #369 - SACRAMENTO, CA 95825 | NONE | 12,127. |

| <u>DATE OF GIFT</u> | <u>BOOK VALUE OF GIFT</u> | <u>PROPERTY DESCRIPTION</u> | <u>METHOD USED TO DETERMINE BOOK VALUE</u> |
|---------------------|---------------------------|-----------------------------|--|
| 12/31/16 | 12,127. | CONSTRUCTION MATERIALS | FMV |

| <u>NAME OF DONEE</u> | <u>ADDRESS OF DONEE</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------------------------|---|---------------------|---------------|
| NATIONAL CHARITY LEAGUE CARE KITS | 1536 EUREKA ROAD - ROSEVILLE, CA 95661 | NONE | 350. |

| <u>DATE OF GIFT</u> | <u>BOOK VALUE OF GIFT</u> | <u>PROPERTY DESCRIPTION</u> | <u>METHOD USED TO DETERMINE BOOK VALUE</u> |
|---------------------|---------------------------|-----------------------------|--|
| 12/31/16 | 350. | CONSTRUCTION MATERIALS | FMV |

TOTAL FOR THIS ACTIVITY 77,255.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 77,255.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HRS WORKED/WK</u> | <u>COMPENSATION</u> |
|---|--|---------------------|
| DOYLE HEADRICK 1536 EUREKA ROAD ROSEVILLE, CA 95661 | IMMEDIATE PAST CHAIR 2.00 | 0. |
| VANESSA RYAN 1536 EUREKA ROAD ROSEVILLE, CA 95661 | CHAIR 4.00 | 0. |
| KEVIN CARSON 1536 EUREKA ROAD ROSEVILLE, CA 95661 | VICE CHAIR 3.00 | 0. |
| COLIN ROE 1536 EUREKA ROAD ROSEVILLE, CA 95661 | TREASURER 2.00 | 0. |
| EARL KEITH 1536 EUREKA ROAD ROSEVILLE, CA 95661 | SECRETARY 2.00 | 0. |
| JOHN NORMAN 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |

| | | |
|---|------------------|----|
| PHILIP DUNCAN 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| DRAGOS COJOCARU 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| JOHN ORR 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| SCOTT TRUJILLO 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| DAR AHRENS 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| CHAD WATTS 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| FRANCES KNIGHT 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| CHRISTIE HOLDEREGGER 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| DEBBIE HALDEMAN 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| DAVID WINN 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| JON NICHOLSON 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| JOHN CAULFIELD 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| DAVID RAGLAND 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |

| | | |
|---|-----------------------------|----------------|
| MICHAEL WAGNER 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| JOE KILLINGER 1536 EUREKA ROAD ROSEVILLE, CA 95661 | DIRECTOR 1.00 | 0. |
| ELIZABETH KANG 1536 EUREKA ROAD ROSEVILLE, CA 95661 | EXECUTIVE DIRECTOR 40.00 | 89,077. |
| MICHAEL STRECH 1536 EUREKA ROAD ROSEVILLE, CA 95661 | PRESIDENT/CEO-BIA 2.00 | 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | | <u>89,077.</u> |

| | | | |
|---------------------------------------|----------------|-----------|-----------------|
| FORM 199 | OTHER EXPENSES | STATEMENT | 7 |
| DESCRIPTION | | AMOUNT | |
| PROJECT EXPENSES | | | 53,944. |
| AWARDS | | | 4,402. |
| MISCELLANEOUS | | | 3,040. |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | | | 139,532. |
| OTHER EMPLOYEE BENEFITS | | | 1,436. |
| LEGAL FEES | | | 158. |
| ACCOUNTING FEES | | | 13,500. |
| OTHER PROFESSIONAL FEES | | | 21,527. |
| ADVERTISING AND PROMOTION | | | 8,462. |
| OFFICE EXPENSES | | | 24,651. |
| TRAVEL | | | 2,887. |
| CONFERENCES AND CONVENTIONS | | | 4,105. |
| INSURANCE | | | 1,031. |
| TOTAL TO FORM 199, PART II, LINE 17 | | | <u>278,675.</u> |

| | | | |
|---------------------------------------|-------------------|-----------------|---|
| FORM 199 | OTHER INVESTMENTS | STATEMENT | 8 |
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| OTHER PUBLICLY TRADED SECURITIES | 503,519. | 559,392. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | <u>503,519.</u> | <u>559,392.</u> | |

| FORM 199 | OTHER ASSETS | STATEMENT | 9 |
|--|--------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| PLEDGES AND GRANTS RECEIVABLE | | 15,000. | 0. |
| PREPAID EXPENSES AND DEFERRED CHARGES | | 479. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | | 15,479. | 0. |

| FORM 199 | OTHER LIABILITIES | STATEMENT | 10 |
|--|-------------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| DEFERRED REVENUE | | 900. | 0. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | | 900. | 0. |

| FORM 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT | 11 |
|---|---|-----------|----|
| DESCRIPTION | | AMOUNT | |
| UNREALIZED GAIN ON INVESTMENTS | | 29,763. | |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | | 29,763. | |

| FORM 199 | FUND BALANCES | STATEMENT | 12 |
|--|---------------|--------------|-------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| UNRESTRICTED ASSETS | | 642,345. | 727,264. |
| TEMPORARILY RESTRICTED ASSETS | | 56,397. | 45,854. |
| PERMANENTLY RESTRICTED ASSETS | | 46,033. | 69,319. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | | 744,775. | 842,437. |

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

| | |
|---|--------------------|
| Exempt Organization name | Identifying number |
| SHELTER PROVIDERS OF SACRAMENTO INC. | 68-0391843 |

Part I Electronic Return Information (whole dollars only)

| | | | |
|---|---|---|------------|
| 1 | Total gross receipts (Form 199, line 4) | 1 | 788,946.00 |
| 2 | Total gross income (Form 199, line 8) | 2 | 573,607.00 |
| 3 | Total expenses and disbursements (Form 199, line 9) | 3 | 505,708.00 |

Part II Settle Your Account Electronically for Taxable Year 2016

| | | | | | |
|---|--|----|--------|----|------------------------------|
| 4 | <input type="checkbox"/> Electronic funds withdrawal | 4a | Amount | 4b | Withdrawal date (mm/dd/yyyy) |
|---|--|----|--------|----|------------------------------|

Part III Banking Information (Have you verified the exempt organization's banking information?)

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

| | | | |
|------------------|----------------------|------|--------------------|
| Sign Here | Signature of officer | Date | EXECUTIVE DIRECTOR |
| | | | Title |

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|----------------------|---|---|---|---|-----------------|
| ERO Must Sign | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| | Firm's name (or yours if self-employed) and address | GILBERT ASSOCIATES, INC. 2880 GATEWAY OAKS DR, STE 100 SACRAMENTO, CA | | | FEIN 68-0037990 |
| | | | | | ZIP code 95833 |

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

| | | | | |
|--------------------------------|---|------|---|----------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| | Firm's name (or yours if self-employed) and address | | | |
| | | | | FEIN |
| | | | | ZIP code |

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

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

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

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

| | |
|---|--|
| State Charity Registration Number: CT <u>109115</u> SHELTER PROVIDERS OF SACRAMENTO INC. <small>Name of Organization</small> <u>1536 EUREKA ROAD</u> <small>Address (Number and Street)</small> <u>ROSEVILLE, CA 95661</u> <small>City or Town, State and ZIP Code</small> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1977218</u> Federal Employer I.D. No. <u>68-0391843</u> |
|---|--|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016) list:
 Gross annual revenue \$ 434,075. Total assets \$ 843,318.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | X |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | X |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | X |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | X |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | X | |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | X |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | X |

Organization's area code and telephone number 916-677-5717

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

ELIZABETH KANG

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 7

STATEMENT 13

ONE RAFFLE WAS HELD ON 8/26/16.

DRAFT