Forr	n <b>9</b> 9	90								OMB No. 1545-0047
				of Organiza					<b>`</b>	2022
Depa	rtmen	t of the Treasury	Under section 501( Do not	enter social securi					,	Open to Public
Inter	nal Re	venue Service		w.irs.gov/Form990	for instruc			rmation.		Inspection
			dar year, or tax year begi C	nning		, 2022, a	and ending	D Fr	,	20 cation number
в		if applicable: ddress change		יספ כד נוייא	ц				3-22989	
	_	lame change	SHELTER PROVIDE DBA HOMEAID UTA		п			-	lephone number	
		nitial return	PO BOX 1447					(	801) 55	6-4146
		nal return/terminated	DRAPER, UT 8402	:0				(	001, 00	
	A	mended return						<b>G</b> Gr	oss receipts \$	520,933.
	A	pplication pending	F Name and address of princ	ipal officer: DONA	ALD C. A	DAMSON J	JR.	(a) Is this a group r		103 10
			SAME AS C_ABOVE	1	_	-	н	(b) Are all subordi If "No," attach	nates included a list. See inst	? Yes No
I		-exempt status:	X 501(c)(3) 501(c)		sert no.)	4947(a)(1) or	527			
J			W.HOMEAIDUTAH.O		1			(c) Group exempti		
K	Forr rt I	n of organization:		Association	Other	LY	ear of formation	n:	M State of le	gal domicile: UT
Гd	rt 1	Briefly descri	r <b>y</b> ibe the organization's mis	sion or most sid	nificant acti	ivities: BIIT	TDING N	FW ITVES	FOR ITTZ	HIS HOMFIESS
	•		HOUSING AND COM			MICO. DOI	LDING N.	CUV LIVES	FOR OIF	
nce										
erna										
Activities & Governance	2	Check this bo			•					
ୁ ଅ	3 4		oting members of the gov dependent voting membe							4
ies	5		of individuals employed	0	0,000		,			0
livit	6		r of volunteers (estimate i							0
Act	7a	Total unrelate	ed business revenue from	n Part VIII, colui	nn (C), line	12			7a	0.
	b	Net unrelated	d business taxable income	e from Form 99	D-T, Part I, I	ine 11			<b>7b</b>	0.
	_							Prior Y		Current Year
e	8		and grants (Part VIII, lin					97:	3,222.	520,933.
Revenue	9 10	U U	vice revenue (Part VIII, lir ncome (Part VIII, column	0,						
Re	11		e (Part VIII, column (A),							
	12		e – add lines 8 through 1					973	3,222.	520,933.
	13	Grants and s	imilar amounts paid (Parl	IX, column (A)	, lines 1-3).					
	14	Benefits paid	I to or for members (Part	IX, column (A),	line 4)					
s	15		er compensation, employ					124	4,603.	226,277.
nse	16a	Professional	fundraising fees (Part IX,	column (A), lir	e 11e)					
Expenses	b	Total fundrais	sing expenses (Part IX, c	olumn (D), line	25)	3	7,265.			
Ш	17	Other expense	ses (Part IX, column (A),	lines 11a-11d, 1	1f-24e)			50	7,833.	544,135.
	18	Total expens	es. Add lines 13-17 (mus	t equal Part IX,	column (A),	line 25)		632	2,436.	770,412.
	19	Revenue less	s expenses. Subtract line	18 from line 12					0,786.	-249,479.
Net Assets or Fund Balances								Beginning of Cu		End of Year
sset 3alai	20 21		(Part X, line 16) es (Part X, line 26)					70	5,648.	456,169.
let A								7.01	0.	0.
	22 		r fund balances. Subtract	line 21 from lin	e 20			703	5,648.	456,169.
	rt II	-	re Block	including cocorrect	vina cohodula	and atotomente	nd to the best of	mu knowledge er-t	holiof it is true	correct and
comp	i penal plete. [	Declaration of prep	lare that I have examined this return arer (other than officer) is based	on all information of	which preparer	has any knowle	dge.	my knowledge and	uellel, It IS true,	correct, and
Sig	ın	Signature of	fofficer					Date		
He	re	DONAL	D C. ADAMSON JR.				EX	ECUTIVE I	DIRECTO	R
			t name and title						_	
		Print/Type	preparer's name	Preparer's signa	ature		Date	Check	if F	PTIN
Pai			AS W. BUONOCORE, EA	NICHOLAS	W. BUONOCO	ORE, EA		self-en	nployed F	01319298
	epar		e WHITEHOUSE & C	OMPANY CPA'S						

BAA For Pa	perwork Reduct	ion Act Notice, see the	e separate instructions	S. TEEA0101L 09/	/01/22		Form 990	<b>)</b> (2022)
May the IRS	discuss this retu	urn with the preparer s	hown above? See inst	tructions		Х	Yes	No
		SOUTH JORDAN, UT				801446 <u>56</u> 0		
Use Only	Firm's address	1122 WEST SOUTH	JORDAN PKWY #D		Firm's EIN	87049995	59	

	t III State	ment of Progra	TIDERS OF UTAH m Service Accomp ins a response or note	<b>plishments</b> to any line in this Pa	art III			298965		Page <b>2</b>
1	Briefly describ	e the organization's								
3 4	Form 990 or 9 If "Yes," descr Did the organia If "Yes," descr Describe the of Section 501(c) and revenue, in (Code:	90-EZ? ibe these new servi zation cease condu- ibe these changes inganization's progra (3) and 501 (c) (4) o if any, for each prog ) (Expenses	y significant program s ices on Schedule O. cting, or make significa on Schedule O. am service accomplish rganizations are require gram service reported. \$ 724,792. RESOURCES FOR	int changes in how it ments for each of its ed to report the amou including grants of	conducts, a three larges int of grants \$	ny program s t program se and allocatio	services, as mo provices, as mo providents ons to others ) (Revenue	. <b>Ye</b> easured by , the total of \$	es X	No No es. 5, )
4b	(Code:	) (Expenses	\$	including grants of	\$		) (Revenue	Ş		)
4c	(Code:	) (Expenses	\$	including grants of	\$		) (Revenue	\$		)
	(Expenses Total program	n services (Describe \$ service expenses	including grant	s of \$ ,792. TEEA0102L 09/01/22		) (Revenue	\$	F	) orm <b>990</b> (	(2022)

# Form 990 (2022) SHELTER PROVIDERS OF UTAH Part IV Checklist of Required Schedules

83-	-2298965	
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Page 3

			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>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
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>	5		Х
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>	6		Х
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>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
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>	11b		Х
с	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>	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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>	11 f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		Х
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>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
	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>	18		Х
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>	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and IL	21		Х
BAA	TEEA0103L 09/01/22	Form	9 <b>90</b> (2	2022)

	990 (2022) SHELTER PROVIDERS OF UTAH 83-229896	55	F	Page 4
Par	t IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	105	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>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and	24-		х
b	complete Schedule K. If "No," go to line 25a.         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с 29	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c 29	Х	Х
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> .	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			· 🔲
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.1b		Yes	NO
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
ваа			n <b>990</b> (	(2022)

	990 (2022) SHELTER PROVIDERS OF UTAH 83-229896	5	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	Yes	s No
2a	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax State-		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х
b	If "Yes," enter the name of the foreign country		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_	v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	X X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c	71
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were		
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		
a	services provided to the payor?	7a	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	70	71
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		
8	Form 1098-C?	7h	
U	organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	Ū	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	10	
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	37
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	

Form	1 990 (2022) SHELTER PROVIDERS OF UTAH 83-2298965	1	Page 6
Par	<b>t VI</b> Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristic of the structure of the s	anges o	n
~	Check if Schedule O contains a response or note to any line in this Part VI		Х
Sec	tion A. Governing Body and Management		
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 4 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		es No
b	Enter the number of voting members included on line 1a, above, who are independent 1b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	Х
4	Did the organization make any significant changes to its governing documents		
	since the prior Form 990 was filed?	4	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х
6 7a	Did the organization have members or stockholders? 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?	6 7a	X 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?	7b	Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a	Х
b 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	Х
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue Co Ye	
	Did the organization have local chapters, branches, or affiliates?	10a	Х
	operations are consistent with the organization's exempt purposes?	10b	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	10-	v
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	
13	Did the organization have a written whistleblower policy?	13	Х
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	Х
b	Other officers or key employees of the organization	15b	Х
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
b	taxable entity during the year?	16a	Х
_	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	
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE.		
	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501 available for public inspection. Indicate how you made these available. Check all that apply.	(c)(3)s on	ly)
	Own website     Another's website     Upon request     Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year. SEE SCHEDULE O	ble to	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.		
BAA	DON ADAMSON 9069 SOUTH 1300 WEST WEST JORDAN UT 84088 (801) 556-4146 TEEA0106L 09/01/22	Form <b>99</b>	<b>n</b> (2022)
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Form 990 (2022) SHELTER PROVIDERS OF U	ሞአሀ			83-229896	5. Page <b>7</b>
Part VII Compensation of Officers, Directors		ey Employees,	Highest Comp		
Independent Contractors					
Check if Schedule O contains a response or					····· Ш
Section A. Officers, Directors, Trustees, Ke			•		
<b>1a</b> Complete this table for all persons required to be list organization's tax year.					
• List all of the organization's <b>current</b> officers, direc compensation. Enter -0- in columns (D), (E), and (F) if r			or organizations)	, regardless of amou	int of
<ul> <li>List all of the organization's current key employee</li> </ul>	s, if any. See th	ne instructions for	definition of "key e	employee."	
• List the organization's five <b>current</b> highest comper					
who received reportable compensation (box 5 of Form W from the organization and any related organizations.	7-2, box 6 of Fo	rm 1099-MISC, an	d/or box I of Form	1 1099-NEC) of more	e than \$100,000
• List all of the organization's former officers, key e	mployees, and I	highest compensa	ted employees wh	o received more tha	n \$100,000
of reportable compensation from the organization and a	ny related orgar	nizations.			
• List all of the organization's former directors or tru					ie
organization, more than \$10,000 of reportable compensation	ation from the o	organization and ar	ny related organiza	ations.	
See the instructions for the order in which to list the per	sons above.				
Check this box if neither the organization nor any re	lated organizati	on compensated a	ny current officer,	director, or trustee.	
		(C)			
(A) Name and title	(B) than or Average is bo hours of	on (do not check more ne box, unless person oth an officer and a director/trustee)	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any director related organiza- tions below dotted line)	Former Highest compensated employee Key employee Officer Institutional to stee	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) DONALD C. ADAMSON JR.	40				
EXECUTIVE DIR.	0	Х	141,138.	0.	0.
(2) NATE SHIPP	0				

(2) NATE SHIPP	0				
PRESIDENT	0	Х	0.	0.	0.
(3) LESLIE MONTGOMERY	0				
TREASURER	0	Х	0.	0.	0.
(4) BLAKE BAUMAN	0				
SECRETARY	0	Х	0.	0.	0.

- (5)
- (6)
- (7)
- (8)
- (9)
- (10)
- (11)
- (12)
- (13)
- (14)

BAA

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

(A) here and take here and take he		(B)	(C)	-		-	
(16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal. 141,138. 0. 10 the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5. Did any person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5. 10 dary person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5. 10 dary person listed on line 1a receive or accuse compensation from any unrelated organization or individual 5. X. Section B. Independent Contractors 1. 2. Complete Schedule J for such received more than \$100,000 of complex Schedule J for such received more than \$100,000 of schedule organization for the organization or individual 5. X. Section B. Independent Contractors 1. 2. Complete Schedule J for such received more than \$100,000 of schedule organization for the organization for the organization for the organization for the organization for such actination ori		hours per week (list any hours for related organiza - tions below dotted	(do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated ar of other compensation the organiza and relate	, n from ation ed
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal. 1 the subtotal. 2 the subtotal. 3 the organization sheets to Part VII. Section A. 3 the organization ist any former officer, director, frustee, key employee, or highest compensated employee. 3 the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 bit dary person listed on line 1a, is the sum of reportable compensation or individual. 5 bit dary person listed on line 1a, is the sum of reportable compensation or individual. 5 bit any person listed on line 1a, is the sum of reportable compensation or individual. 5 bit any person listed on line 1a, is the sum of reportable compensation or individual. 5 bit any person listed on line 1a, is the sum of reportable compensation or individual. 5 bit any person listed on line 1a, is the sum of reportable compensation or individual. 5 bit any person listed on line 1a, is the sum of reportable completes Schedule J for such merson. 6 bit dary person listed on line 1a, is the sum of reportable completes for during the organization or individual. 5 bit any person. 7 bit any person. 8 bit dary person. 8 bit dary person. 8 bit days of the organization or individual. 9 bit days of the organization or individual. 9 bit days of the organization or individual.	(15)						
(18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal	(16)						
(19) (20) (21) (22) (23) (24) (25) 1b Subtotal 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(17)						
<ul> <li>(20)</li> <li>(21)</li> <li>(22)</li> <li>(23)</li> <li>(24)</li> <li>(25)</li> <li>1b Subtotal <u>141, 138</u> 0. 0. 0.</li> <li>c Total from continuation sheets to Part VII, Section A <u>0</u>. 0. 0.</li> <li>d Total (add lines 1b and 1c) <u>141, 138</u> 0. 0. 0.</li> <li>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 <u>1</u></li> <li>3 Did the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>.</li> <li>4 For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person or individual for such person or individual for such person or individual ist of the organizations of the organization from the organization from the organization or individual.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person or individual for such person or individual for such person or individual ist of the organization or individual.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person or individual for such person or individual for such person or individual ist of the organization or individual ist of the organization or individual ist of the organization or individual for such person or individual for such person or individual ist of the organization or individua</li></ul>	(18)						
<ul> <li>(21)</li> <li>(22)</li> <li>(23)</li> <li>(24)</li> <li>(25)</li> <li>1b Subtotal. 0. 0. 0.</li> <li>c Total from continuation sheets to Part VII, Section A. 0. 0. 0.</li> <li>d Total (add lines 1b and 1c). 141, 138. 0. 0. 0.</li> <li>d Total (add lines 1b and 1c). 141, 138. 0. 0. 0.</li> <li>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 ist any former officer, director, trustee, key employee, or highest compensated employee 3 X</li> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organization? If "Yes," complete Schedule J for such individual.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 X</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year.</li> </ul>	(19)						
<ul> <li>(22)</li> <li>(23)</li> <li>(24)</li> <li>(25)</li> <li>1b Subtotal. 141, 138. 0. 0. 0.</li> <li>c Total from continuation sheets to Part VII, Section A. 0. 0. 0. 0.</li> <li>d Total (add lines 1b and 1c) 141, 138. 0. 0. 0.</li> <li>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 1</li> <li>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee 3 X</li> <li>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 for services rendered to the organization? If "Yes," complete Schedule J for such individual 5 X</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 X</li> <li>Section B. Independent Contractors</li> <li>1 compensation from the organization. Report compensate independent contractors that received more than \$100,000 of compensation's tax year.</li> </ul>	(20)						
<ul> <li>(23)</li> <li>(24)</li> <li>(25)</li> <li>1b Subtotal</li></ul>	(21)						
<ul> <li>(24)</li> <li>(25)</li> <li>1b Subtotal</li></ul>	(22)						
(25)          1b Subtotal.       141,138.       0.	(23)						
1b Subtotal       141,138.       0.	(24)						
c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.       0.         d Total (add lines 1b and 1c)       141,138.       0.       0.       0.       0.         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       1       Yes       No         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       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.       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year.	(25)						
d Total (add lines 1b and 1c)       0.       0.         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       1         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes       No         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       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.	1b Subtotal			141,138.	0.		0.
<ul> <li>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 1</li> <li>3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li></ul>							
from the organization       1         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.       3       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.       4       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       5       X         Section B. Independent Contractors       1       S       X         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       5       X							
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee       3       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       3       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       4       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       5       X         5 Ecction B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation's tax year.       5			se listed above) who rece	iveu more than \$1	00,000 of reportable	e compensa	
on line 1a? If "Yes, "complete Schedule J for such individual	· · · · ·					Yes	No
the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5 X 5 5 5 5 6 5 7 6 5 7 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.	3 Did the organization list any <b>former</b> officer, direc on line 1a? If "Yes, "complete Schedule J for suc	tor, trustee h individua	e, key employee, or highe	st compensated e	mployee	3	Х
<ul> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i></li></ul>	the organization and related organizations greate	er than \$15	50,000? If "Yes," complete	e Schedule J for		4	V
<ul> <li>Section B. Independent Contractors</li> <li>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.</li> </ul>	5 Did any person listed on line 1a receive or accru	e compens	sation from any unrelated	organization or inc	lividual		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	Section B. Independent Contractors					J	Λ
	1 Complete this table for your five highest compen- compensation from the organization. Report com	sated inde	pendent contractors that r for the calendar year end	received more than	n \$100,000 of the organization's ta	ax year.	
iname and business address Description of services Compensation						(C)	
	Name and business add	iess		Description of	Services (	Jompensati	ULI

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

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

				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f <b>Total.</b> Add lines 1a-1f.		520,933.	levenue		512 514
Program Service Revenue	g 3 4 5 6a		lends, interest, and empt bond proceeds				
	c d 7a	Rental income or (loss) 6c Net rental income or (loss) 6c Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis					
nue	d	and sales expenses     7b       Gain or (loss)     7c       Net gain or (loss)        Gross income from fundraising events (not including \$					
Other Reve	с	of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundrais	8a 8b ing events				
	b c	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, less	9a 9b activities				
S	b c	returns and allowances Less: cost of goods sold Net income or (loss) from sales of	10a 10b inventory Business Code				
Miscellaneous Revenue							
<b>Z</b> BAA	12	Total. Add lines 11a-11d         Total revenue. See instructions		520,933. A0109L 09/01/22	0.	0.	0 <b>.</b> Form <b>990</b> (2022)

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# 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

Sec	tion 501(c)(3) and 501(c)(4) organizations must co		•	· · · · · ·	
	Check if Schedule O contains a res	1			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			5 1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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.	141,138.	141,138.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	85,139.	85,139.	•••	•••
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		00,100.		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting.				
	Lobbying.				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	2,943. 8,437.	2,285. 8,437.	240.	418.
13	Office expenses	2,476.	0,10,.	2,476.	
14	Information technology	2,170.		<b>L/ I/ O·</b>	
15	Royalties				
16	Occupancy.				
17	Travel	3,331.	3,331.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not	731.		731.	
24	covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	SHELTER PROJECT EXPENSES	402,592.	402,592.		
	OUTREACH & AWARENESS	79,186.	79,186.		
	EVENT EXPENSE	24,712.	- /		24,712.
	CONTRACTED SERVICES	10,587.		268.	10,319.
	All other expenses	9,140.	2,684.	4,640.	1,816.
25	Total functional expenses. Add lines 1 through 24e	770,412.	724,792.	8,355.	37,265.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	SOP 98-2 (ASC 958-720)				Farme <b>000</b> (2022)

# Form 990 (2022) SHELTER PROVIDERS OF UTAH

Part X Balance Sheet	

Pa	rt X				
		Check if Schedule O contains a response or note to any line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	705,648.	1	456,169.
	2	Savings and temporary cash investments.		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
sts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges.		9	
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	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 33)	705,648.	16	456,169.
ties	17 18 19 20 21	Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		17 18 19 20 21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
ļ	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	0.	26	0.
lces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Š	31	Retained earnings, endowment, accumulated income, or other funds	705,648.		456,169.
t A	32	Total net assets or fund balances.	705,648.		456,169.
₩ BA/	33	Total liabilities and net assets/fund balances	705,648.		456,169. Form <b>990</b> (2022)
	-				

Form 990 (2022) SHELTER PROVIDERS OF UTAH 83-229	8965 Page 12
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         2       Total revenue (must equal Part VIII, column (A), line 12).       1	020,000.
2 Total expenses (must equal Part IX, column (A), line 25)	770,412.
3 Revenue less expenses. Subtract line 2 from line 1	-249,479.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	705,648.
5 Net unrealized gains (losses) on investments	
6 Donated services and use of facilities	
7 Investment expenses	
8 Prior period adjustments	
9 Other changes in net assets or fund balances (explain on Schedule O)	0.
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).         10       10	456,169.
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: X Cash Cash Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2а Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	a
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<b>2b</b> 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: Separate basis Consolidated basis Both consolidated and separate basis	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit, <b>2c</b>
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Unifor Guidance, 2 C.F.R Part 200, Subpart F?	m <b>3a</b> X
<ul> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> <li>BAA TEEA0112L 09/01/22</li> </ul>	

SCHEDULE A 2022 Complete if the organization is a section 501(c)(3) organization or a section (Form 990) 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization SHELTER PROVIDERS OF UTAH DBA HOMEAID UTAH 83-2298965 **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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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)(Å)(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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support functions related 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported а 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. 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. С 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally е integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations ..... Provide the following information about the supported organization(s). q (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Public Charity Status and Public Support

OMB No 1545-0047

# 83-2298965

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

000	don All abile ouppoil						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see inst	ructions)				
13	First 5 years. If the Form 990 is f organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 202	••	•	e 11, column (f)).		14	%
15	Public support percentage from 2	2021 Schedule A, F	Part II, line 14				%
16a	<b>33-1/3% support test–2022.</b> If th and <b>stop here.</b> The organization						
b	33-1/3% support test-2021. If the and stop here. The organization	e organization did r qualifies as a publ	not check a box c icly supported or	on line 13 or 16a, ganization	and line 15 is 33-	1/3% or more, chec	k this box
17a	<b>10%-facts-and-circumstances tes</b> or more, and if the organization in the organization meets the facts-	meets the facts-and	d-circumstances	test, check this bo	ox and stop here.	Explain in Part VI h	now
	<b>10%-facts-and-circumstances test</b> or more, and if the organization r organization meets the facts-and	neets the facts-and -circumstances tes	d-circumstances t. The organization	test, check this bo on qualifies as a p	ox and stop here. bublicly supported	Explain in Part VI I organization.	now the
18	Private foundation. If the organiz	ation did not check	k a box on line 13	3, 16a, 16b, 17a, o	or 17b, check this	box and see instruc	ctions
BAA						Schedule A	(Form 990) 2022

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.)

fails to qualify under the tests listed below, please complete Part II.)								
Sec	tion A. Public Support							
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	<b>(a)</b> 2018		<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d</b> ) 2021	<b>(e)</b> 2022	<b>(f)</b> Total
	received. (Do not include any "unusual grants.")			193,159.	873,128.	973,222.	520,933.	2,560,442.
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							0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	C		193,159.	873,128.	973,222.	520,933.	
h	disqualified persons.	C	).	155,629.	798,500.	679,461.	240,426.	1,874,016.
D	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			<u>_</u>			2	<u>_</u>
	for the year		).	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	Ĺ	).	155,629.	798,500.	679,461.	240,426.	1,874,016.
8	Public support. (Subtract line           7c from line 6.)							686,426.
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018		<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		).	193,159.	873,128.	973,222.	520,933.	2,560,442.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		•		,	,		0.
c	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	c	).	0.	0.	0.	0.	0. 0.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							0.
13	Total support. (Add lines 9,	-						
14	10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and	or the organiza	tion's f	193,159. irst, second, thir	d, fourth, or fifth	973,222. tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pu	•						
15	Public support percentage for 202			•	3, column (f))			00
	Public support percentage from 2							00
	tion D. Computation of Inv							
17	Investment income percentage for			•	v line 13. columr	(f))		00
18	Investment income percentage fr	-			-			0/0
	<b>33-1/3% support tests</b> – <b>2022.</b> If the is not more than 33-1/3%, check	ne organization	did no	t check the box o	on line 14, and li	ne 15 is more thar	n 33-1/3%, and li	ne 17
b	<b>33-1/3% support tests</b> — <b>2021.</b> If the line 18 is not more than 33-1/3%,	ne organization	did no	t check a box on	line 14 or line 19	9a, and line 16 is	more than 33-1/3	%, and
20	Private foundation. If the organiz	ation did not ch	neck a	box on line 14, 1	9a, or 19b, chec	k this box and see	e instructions	
BAA				TEEA0403L 09	/09/22		Schedule A	(Form 990) 2022

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe	-		
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	or supervised by or in connection with its supported organizations.	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
L	Turne Lex Turne Lex Wee any added or substituted supported extension part of a class strength designated in the			
D	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		
BAA	TEEA0404L 09/09/22 Schedule A	(Form	990) 2	2022

 Part IV
 Supporting Organizations

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

## Section A. All Supporting Organizations

TEEA0404L 09/09/22

Schedule A (Form 990) 2022

	dule A (Form 990) 2022 t IV Supporting Organizat	SHELTER PROVIDERS OF tions (continued)	UTAH	83-2298965	F	<sup>D</sup> age <b>5</b>
11	Lies the ergenization eccented a g	ift or contribution from only of the f		_	Yes	No
	Has the organization accepted a g	5	51			
а	A person who directly or indirectly the governing body of a supported		with persons described on lines 11b a	and IIc below, 11	а	
b	A family member of a person desc	ribed on line 11a above?		11	b	
С	A 35% controlled entity of a person describ	ed on line 11a or 11b above? If "Yes" to line	11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11	с	
Sect	ion B. Type I Supporting Org	anizations				
					Yes	No
1	or more supported organizations h officers, directors, or trustees at al organization(s) effectively operated than one supported organization, d	ave the power to regularly appoint Il times during the tax year? <i>If "No,</i> <i>d, supervised, or controlled the org</i> <i>describe how the powers to appoin</i>	ing in their official capacity, or memb or elect at least a majority of the org " describe in <b>Part VI</b> how the suppor- anization's activities. If the organizat t and/or remove officers, directors, o ns or restrictions, if any, applied to s	anization's ted tion had more r trustees		
2	that operated, supervised, or contr	rolled the supporting organization?	ation other than the supported organi If "Yes," explain in <b>Part VI</b> how provi t operated, supervised, or controlled	iding such		
Sect	ion C. Type II Supporting Org	panizations				
		<b>,</b>			Yes	No
1	of each of the organization's suppo	orted organization(s)? If "No," desc	tax year also a majority of the direct cribe in <b>Part VI</b> how control or manag	ement of the		
•		·	led or managed the supported organi	2811011(5).		
Sect	ion D. All Type III Supporting	Organizations			V.	NI -
					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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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 The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI* the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b 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? If "Yes" or "No," 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.

2a

2b

3a

1

2

3

Yes No

# 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.

Sec	tion 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		
Sec	tion 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		
ł	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
e	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount	- 1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
-	Charle have if the autrent uper in the argonization's first on a pan functionally inter	arotod T	we III a waa autima awaa	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990) 2022

Pa	edule A (Form 990) 2022 SHELTER PROVIDERS OF t V Type III Non-Functionally Integrated 509(a)(3) Supp		83-229 s (continued)	98965 Page <b>7</b>
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses	1	
2	Amounts paid to perform activity that directly furthers exempt purpo in excess of income from activity	ses of supported organiz	zations, <b>2</b>	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in <b>Part VI</b> )	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the organ in <b>Part VI</b> ). See instructions.	nization is responsive (pr	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
	P From 2018			
C	From 2019			
C	From 2020			
e	From 2021			
	f Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
ł	Applied to 2022 distributable amount			
	i Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	<ul> <li>Applied to 2022 distributable amount</li> <li>Remainder. Subtract lines 4a and 4b from line 4.</li> </ul>			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
Ł	Excess from 2019			
C	Excess from 2020			
c	Excess from 2021			
e	Excess from 2022			
BAA			Sched	ule A (Form 990) 2022

Part VI

#### SHELTER PROVIDERS OF UTAH

Page 8

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

Scheo	dule	В
(Form	990)	

# **Schedule of Contributors**



(10111 330)		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-PF. Go to <i>www.irs.gov/Form</i> 990 for the latest information.	2022
Name of the organization SHELTER DBA HOM Organization type (check one)	IEAID UTAH	Employer identification number 83-2298965
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n
	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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

#### BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

1 5 Page **2** Employer identification number 83-2298965

(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of co	) atribution
		Total	contributions	Person	
1	WOODSIDE HOMES			Payroll	X
	460 WEST 50 NORTH SUITE 205	\$	6,600.	Noncash	X
	SALT LAKE CITY, UT 84101			(Complete Par noncash contri	butions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of co	) htribution
2	LENNAR HOMES OF UTAH			Person Payroll	X
	111 EASET SEGO LILY DR STE 150	\$	10,000.	Noncash	
	SANDY, UT 84070			(Complete Par noncash contri	t II for butions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	d) Type of coi	) ntribution
3	RICHMOND AMERICAN HOMES			Person	Х
	849 WEST LEVOY DRIVE, STE 220	\$	5,000.	Payroll Noncash	
	SALT LAKE CITY, UT 84123			(Complete Par noncash contri	t II for butions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	d) Type of coi	) ntribution
(a) No. 4	(b) Name, address, and ZIP + 4 CARPET DIEM	Total	(c) contributions	Type of coi Person	) htribution
	Name, address, and ZIP + 4	\$ Total	(c) contributions 18,526.	Type of co	) htribution X X X
	Name, address, and ZIP + 4 CARPET DIEM	Total		Type of coi Person Payroll	X X X X t II for
	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE	\$		Type of coi Person Payroll Noncash (Complete Par	t II for butions.)
4 (a)	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE DRAPER, UT 84020 (b)	\$	18,526. (c)	Type of coi Person Payroll Noncash (Complete Par noncash contri (d Type of coi Person	t II for butions.)
4 (a) No.	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE DRAPER, UT 84020 (b) Name, address, and ZIP + 4	\$	18,526. (c)	Type of coi Person Payroll Noncash (Complete Par noncash contri (d Type of coi	t II for butions.)
4 (a) No.	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE DRAPER, UT 84020 Name, address, and ZIP + 4 BANK OF AMERICA	\$	18,526. (c) contributions	Type of coi Person Payroll Noncash (Complete Par noncash contri (d Type of coi Person Payroll	t II for Tribution X X t II for butions.) Tribution X L t II for
4 (a) No.	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE DRAPER, UT 84020 (b) Name, address, and ZIP + 4 BANK OF AMERICA 100 NORTH TRYON STREET	\$ Total	18,526. (c) contributions	Type of coi Person Payroll Noncash (Complete Par noncash contri (d Type of coi Person Payroll Noncash (Complete Par	t II for X Tribution X tribution X tribution
4 (a) No. 5	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE DRAPER, UT 84020 (b) Name, address, and ZIP + 4 BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE , NC 28255 (b)	\$ Total	18,526. (c) contributions 5,000.	Type of coi Person Payroll Noncash (Complete Par noncash contri (d Person Payroll Noncash (Complete Par noncash contri (d Type of coi Person	t II for X Tribution X tribution X tribution
4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE DRAPER, UT 84020 (b) Name, address, and ZIP + 4 BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE , NC 28255 (b) Name, address, and ZIP + 4	\$ Total	18,526. (c) contributions 5,000.	Type of coi Person Payroll Noncash (Complete Par noncash contri (d Type of coi Person Payroll Noncash (Complete Par noncash contri (d Type of coi	t II for X Tribution X tribution X tribution
4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 CARPET DIEM 12382 SOUTH GATEWAY PARK PLACE DRAPER, UT 84020 (b) Name, address, and ZIP + 4 BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE , NC 28255 (b) Name, address, and ZIP + 4 FAMILY SUPPORT CENTER	\$ Total	18,526. (c) contributions 5,000. (c) contributions	Type of coi Person Payroll Noncash (Complete Par noncash contri Type of coi Person Payroll Noncash (Complete Par noncash contri (di Type of coi Person Payroll	t II for butions.) Tribution X U U U U U U U U U U U U U U U U U U

(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(c Type of co	l) ntribution
7	FRIENDS OF THE COALITION			Person Payroll	X
	299 EAST 900 SOUTH	\$	49,989.	-	
	PROVO, UT 84606			(Complete Pa noncash conti	
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(c Type of co	l) ntribution
8	GUILD MORTGAGE COMPANY			Person	X
	PO BOX 85046	\$	5,000.	Payroll Noncash	
	SAN DIEGO, CA 92186			(Complete Pa noncash conti	rt II for ributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(c Type of co	l) ntribution
9	JEFF ADAMS DESIGN			Person	X
	11629 SOUTH 700 EAST #150	\$	5,000.	Payroll Noncash	
	DRAPER, UT 84020			(Complete Pa noncash conti	rt II for ributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(c Type of co	l) ntribution
10	LEW SWAIN			Person	X
	1150 SOUTH DEPOT DRIVE	\$	5,000.	Payroll Noncash	
	OGDEN, UT 84404			(Complete Pa noncash conti	rt II for ributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(c Type of co	l) ntribution
11	LIBERTY HOMES			Person	X
	9075 SOUTH 1300 EAST	\$	5,000.	Payroll Noncash	
	SANDY, UT 84094			(Complete Pa noncash conti	rt II for ributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(c Type of co	l) ntribution
12	METRIE			Person	X
	1070 SOUTH 3800 WEST #200	\$	7,824.	Payroll Noncash	X
	SALT LAKE CITY, UT 84104			(Complete Pa noncash conti	rt II for ributions.)
BAA	TEEA0702L 07/22/22		S	chedule B (Fo	rm 990) (2022)

3 5 Page **2** Employer identification number 83-2298965

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	NEUMI		Person X
	8730 HARRISON STREET	\$ 5,000.	
	SANDY, UT 84070		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DAI UTAH		Person X Payroll
	14034 SOUTH 145 EAST SUITE 204	\$ 5,000.	
	DRAPER, UT 84020		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SPENCER KNIGHT		Person X Payroll
	1618 EAST COTSWOLD CIRCLE	\$ 5,000.	
	SANDY, UT 84093		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SYMPHONY HOMES		Person X Payroll
	111 SOUTH FRONTAGE ROAD	\$ 5,000.	
	CENTERVILLE, UT 84014		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	TANNER GLASS AND HARDWARE		Person X
	7139 SOUTH 700 WEST	\$ 15,455.	Payroll X
	MIDVALE, UT 84047		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	ZONDA MEDIA		Person X Payroll
	4000 MACARTHUR, SUITE 400	\$ 5,606.	-
	NEWPORT BEACH, CA 92660		(Complete Part II for noncash contributions.)
RAA	TEEA0702L 07/22/22		Schedule B (Earm 990) (2022

5 Page **2** 4 Employer identification number 83-2298965

i arti		Julional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DONALD AND DIANE ANDERSON		Person X Payroll
	5035 VALENE STREET	\$ 12,000.	Noncash
	SALT LAKE CITY, UT 84117		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	LEGACY GLOBAL FOUNDATION		Person X Payroll
	4435 EAST HOLMES AVE, STE 200	\$ 10,000.	Noncash
	MESA, AZ 85206		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	SHIPP VENTURES INC		Person X Payroll
	14034 SOUTH 45 EAST, SUITE 202	\$ 5,000.	Noncash
	DRAPER, UT 84020		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	UTAH PWB ASSOCIATION		Person X Payroll
	38 WEST 13800 SOUTH SUITE 120	\$ 20,000.	Noncash
	DRAPER, UT 84020		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	BIOGRASS		Person
	8630 S REDWOOD ROAD	\$ 8,910.	Noncash X
	WEST JORDAN, UT 84088		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	HAMLET HOMES		Person
	84 WEST 4800 SOUTH, SUITE 200	\$ 8,560.	Payroll X
	MURRAY, UT 84107		(Complete Part II for noncash contributions.)
BAA	TEEA0702L 07/22/22	s	ichedule B (Form 990) (2022

5 5 Page **2** Employer identification number 83-2298965

(a) No.	(b) Name, address, and ZIP +		(d) Type of contribution
25	STAKER PARSON 2350 SOUTH 1900 WEST	\$ 33,860.	Person
	OGDEN, UT 84401		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +	(c) 4 Total contributions	(d) Type of contribution
26	THE INN BETWEEN		Person
	1216 EAST 1300 SOUTH	\$ 8,465.	Noncash X
	SALT LAKE CITY, UT 84105		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +	(c) 4 Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +	(c) 4 Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +	(c) 4 Total contributions	(d) Type of contribution
			Person
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +	4 (c) 4 Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash

-				fication number
	R PROVIDERS OF UTAH		83-22989	965
art 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
1	BLOG APPEARANCE			
		\$	1,600.	9/07/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
4	TILE MATERIAL			
		\$	8,526.	6/01/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
12	CONSTRUCTION MATERIALS			
		\$	100.	6/01/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
17	HARDWARE MATERIALS, TRIM KITS, FAUCETS			
		\$	5,455.	8/31/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
23	SOD			
		\$	8,910.	6/17/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
24	CONSTRUCTION MATERIALS			
		\$	8,560.	6/01/22
AA	TEEA0703L 07/22/22			(Form 990) (20

Name of organ	R PROVIDERS OF U				2 Employer identif 83-22989	
(a) No. from Part I		(see instructions). Use dup (b) Description of noncash p	olicate copies of Part II if additional s		(c) FMV (or estimate) (See instructions.)	(d) Date received
25 (a) No. from	CONCRETE	(b) Description of noncash p	roperty given	\$	33,860. (c) FMV (or estimate)	1/04/22 (d) Date received
Part I 26	TILE MATERIALS			\$	(See instructions.) 8,465.	8/16/22
(a) No. from Part I		(b) Description of noncash p	roperty given		(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I		(b) Description of noncash p	roperty given	\$	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I		(b) Description of noncash p	roperty given	\$	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I		(b) Description of noncash p	roperty given	Ş	(c) FMV (or estimate) (See instructions.)	(d) Date received
ВАА			TEEA0703L 07/22/22	\$	Schedule B	(Form 990) (2022)

Name of organ	B (Form 990) (2022) nization R PROVIDERS OF UTAH <b>Exclusively</b> religious, charitable, etc., con or (10) that total more than \$1,000 for the the following line entry. For organizations completic contributions of \$1,000 or less for the year. (Enter the Use duplicate copies of Part III if additional space	ne year from any one con ng Part III, enter the total of <i>exc</i> this information once. See instru	<b>tributor.</b> Complete columns (a) through (e) and <i>lusively</i> religious, charitable, etc.,
(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		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		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
	Transferee's name, address, and	(e) Transfer of gift 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
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee

	HEDULE M rm 990)	N Complete if the organizat		Contributions		O	MB No. 1545-0	
	<i></i> . <del>.</del>		Attacl	h to Form 990.		C	pen to Pub	olic
Depart Interna	tment of the Treasury al Revenue Service	Go to www.irs.gov/	/Form990 for	r instructions and the	latest information.		Inspection	
Name	DBA H	TER PROVIDERS OF U HOMEAID UTAH	ГАН			er identification	number	
Par	t I Types of Pro	perty						
			(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method c noncash con	(d) f determini tribution an	
1	Art – Works of art							
2	Art – Historical treas	ures						
3	Art – Fractional intere	ests						
4	Books and publication	۱S						
5	Clothing and househo	old goods						
6	Cars and other vehicl	es						
7	Boats and planes							
8	Intellectual property.							
9	Securities - Publicly	traded						
10	Securities - Closely I	held stock						
11	Securities - Partners	hip, LLC, or trust interests						
12	Securities - Miscellar	neous						
13	Qualified conservation	n contribution —						
14		n contribution – Other						
14		ntial						
15		ercial						
10								
18								
10								
20	5							
20	-	ippiles						
22								
23								
24	•	S						
2 <del>4</del> 25	Other SEE PAR							
26	Other (	)						
	Other (	)						
28	Other (	)						
		3 received by the organizatio	n durina the	tax year for contributi	ions for which the			
25		ed Form 8283, Part V, Donee				29		
							Yes	No
30a	it must hold for at lea	he organization receive by co st 3 years from the date of th	e initial con	tribution, and which is	n't required to be used		-	V
		for the entire holding period?					a	Х
		arrangement in Part II.	u that reaction	the review of any	opotopdord contributions			17
	-	have a gift acceptance polic		-		31		Х
32a	° °	hire or use third parties or re	0			20	-	v
L	If "Yes," describe in F						a	Х
		In't report an amount in colun	nn (c) for a t	type of property for wh	nich column (a) is checked	,		

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

Schedule M (Form 990) 2022

**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.

## SCH M, PART I, LINES 25-28 OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
MATERIALS & GOODS	Х	1	\$ 1,600.	COMP. SALES
MATERIALS & GOODS	Х	1	8,526.	COMP. SALES
MATERIALS & GOODS	Х	1	100.	COMP. SALES
MATERIALS & GOODS	Х	1	5,455.	COMP. SALES
MATERIALS & GOODS	Х	1	8,910.	COMP. SALES
MATERIALS & GOODS	Х	1	8,560.	COMP. SALES
MATERIALS & GOODS	Х	1	33,860.	COMP. SALES
MATERIALS & GOODS	Х	1	8,465.	COMP. SALES
LABOR & SERVICE	Х	13	104,163.	COMP. SALES
MATERIALS & GOO	Х	8	14,831.	COMP. SALES

SCHEDULE O (Form 990)

# 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-2298965

Department of the Treasury Internal Revenue Service

Name of the organization SHELTER PROVIDERS OF UTAH DBA HOMEAID UTAH

# FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.