Department of the Treasury Internal Revenue Service

### OMB No. 1545-0047

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

2021

► Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the 202	21 calenda	ar year, or tax year begir	ining	, 2021, and e	ending		, 20	
В	Check if applic	able: (	C				<b>D</b> Employer	identification i	number
	Address c	hange S	SHELTER PROVIDER	S OF UTAH			83-22	298965	
	Name cha		OBA HOMEAID UTAH				<b>E</b> Telephone	e number	
	Initial retu		9069 SOUTH 1300 WEST JORDAN, UT				(801)	556-42	146
	Final return/	terminated v	VEST JORDAN, UI	04000					
	Amended						<b>G</b> Gross rece	•	<u>9</u> 73,2 <u>2</u> 2.
	Applicatio	n pending I	F Name and address of principa	officer: DONALD C.	ADAMSON JR.		Is this a group return f		H H
		_	SAME AS C ABOVE			H(b)	Are all subordinates in If "No," attach a list. S	ncluded? See instructions.	Yes No
I	Tax-exempt	-	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or 5	527			
J	Website:	-	.HOMEAIDUTAH.OR	· —	_		Group exemption num		
K	Form of orga	<u> </u>	X Corporation Trust	Association Other ►	L Year of	formation:	MI Sta	ite of legal dom	icile: UT
Pa		ımmary		ion or most significan	t activities DITT DT	NC NEW	TIMEC FOR	TITTA II I C	HOMELECC
	סטיד		e the organization's miss IOUSING AND COMM			NG NEW	I LIVES FOR	UIAH S	HOMELESS
ည	IIIK	оовп п	IOOSING AND COMM	UNITI OUTKEACE					
Governance									
Se Se	2 Chec	k this box	if the organization	n discontinued its ope	erations or disposed	of more t	han 25% of its ne	et assets.	
Ğ	3 Numb		ng members of the gove		,			3	4
SS	4 Numb		ependent voting member					4	0
ξij	5 Total 6 Total		of individuals employed in of volunteers (estimate if					5 6	0
Activities &	7a Total		business revenue from					7a	0.
			business taxable income					7b	0.
							Prior Year	Cı	ırrent Year
a)			and grants (Part VIII, line				874,12	28.	973,222.
nu.			ce revenue (Part VIII, line						
Revenue			ome (Part VIII, column (						
_			(Part VIII, column (A), li – add lines 8 through 11				874,12	0	973,222.
			nilar amounts paid (Part				1,50		913,222.
			o or for members (Part I				1,50		
	<b>15</b> Salar		compensation, employe				115,31	6	124,603.
Expenses	<b>16a</b> Profe		undraising fees (Part IX,				110,01	. • •	121,000.
Se ii	<b>h</b> Total		ng expenses (Part IX, co		13,0				
Ä	17 Other		s (Part IX, column (A), li		•		161 01	0	E07 022
			s. Add lines 13-17 (must				461,81 578,62		507,833. 632,436.
			expenses. Subtract line 1				295,50		340,786.
<u> </u>			onponeder dad a det inte				eginning of Current		nd of Year
Assets or	<b>20</b> Total	assets (P	Part X, line 16)				386,84		705,648.
Ass	<b>21</b> Total	liabilities	(Part X, line 26)				21,98		0.
Net /	<b>22</b> Net a	ssets or f	und balances. Subtract I	ine 21 from line 20			364,86	52.	705,648.
Pa	art II Si	gnature	Block				•		•
Und	er penalties of p	erjury, I decl	lare that I have examined this reter (other than officer) is based on	urn, including accompanying	schedules and statements,	and to the be	est of my knowledge ar	nd belief, it is tr	ue, correct, and
COIII	ipiete. Deciaratio	on prepare	er (other than officer) is based off	all illiornation of which prep	arer nas any knowledge.				
٠.		Signature	of officer				Date		
Sig He		-		,					
пе	re		LD C. ADAMSON JE rint name and title	₹.		E.	XECUTIVE D	LRECTOR	
	Р	rint/Type pre	eparer's name	Preparer's signature	Date		Check	if PTIN	
Pa	id R	USSELL 1	M. WHITEHOUSE CPA	RUSSELL M. WHITE	HOUSE CPA		self-employed	P0075	6522
		irm's name	► WHITEHOUSE & CO						
	· · · · · · · · · · · · · · · · · · ·	irm's address					Firm's EIN ►	87049995	9
			SOUTH JORDAN, U				Phone no. 8	801446 <u>56</u> 00	
Ма	y the IRS di	scuss this	return with the preparer	shown above? See in	nstructions			X	res No
ВА	A For Page	rwork Re	duction Act Notice, see	the senarate instructi	ons.	TEFA010	11 09/22/21	_ <sub>F</sub>	form <b>990</b> (2021)

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# Part IV Checklist of Required Schedules

	should be negative conceases		V	NI -
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	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? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
ŀ	bid the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
ŀ	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
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 II	21		Χ
BAA	TEEA0103L 09/22/21	Form	990 (2	2021)

# Part 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		Х
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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
		2 <del>4</del> u		
	a 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		X
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	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? If 'Yes,' complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Χ
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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 l</i>	33		Х
34	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	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? If 'Yes,' complete Schedule R, Part VI	37		Х
	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	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	· L
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	)	103	1.0
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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# Form 990 (2021) SHELTER PROVIDERS OF UTAH Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No No
2 a	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?	2 b	
2-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	2-	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 a 3 b	Λ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	X
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).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	
	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?	6 a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7.	X
<b>L</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a 7 b	Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 0	
	Form 8282?	7 c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring	_	
	organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	•	
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		
	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	12-	
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
h	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		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
	If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14b	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If 'Yes,' complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17	
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
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Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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?..... Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Χ Did the organization have members or stockholders?..... 7 a 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? . . 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8 a **b** Each committee with authority to act on behalf of the governing body?..... Χ 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10 a** Did the organization have local chapters, branches, or affiliates?.... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done..... 13 Did the organization have a written whistleblower policy?..... Χ Χ 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official..... **b** Other officers or key employees of the organization..... Χ 15 h If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ taxable entity during the year? 16 a  ${f b}$  If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

DON ADAMSON 9069 SOUTH 1300 WEST WEST JORDAN UT 84088 (801) 556-4146

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(13)

(14)

	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.
- 1	ender the beat in notice the organization for any related organization compensated any current ember, an editor, or adolest

				(C)			
(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	e is b	on (do not check more ne box, unless person of the normal highest compensated employee of the normal highest compensated of the normal highest	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	DONALD C. ADAMSON JR.	40		_			
	EXECUTIVE DIR.	0		X	104,529.	0.	0.
(2)	NATE SHIPP	0	3.7		0	0	0
(2)	PRESIDENT LESLIE MONTGOMERY	0	X		0.	0.	0.
(3)	TREASURER	0	Х		0.	0.	0.
(4)	BLAKE BAUMAN	0	Λ		0.	0.	0.
( - /	SECRETARY	0	Х		0.	0.	0.
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) Position (do not check more than one box, unless person is both an (D) (E) (F) (A) Average hours Reportable compensation from the organization (W-2/1099-Reportable compensation from related organizations (W-2/1099-Name and title Estimated amount per officer and a director/trustee) week of other compensation from the organization and related (list any Institutional trustee Officer Key employee Former Highest compensated Individual trustee hours director MISC/1099-NEC) MISC/1099-NEC) for related organiza - tions organizations helow dotted line) (15)(16)(17)(18)(19)(20)(21)(22)(23)(24)(25)0. 104,529. 0. c Total from continuation sheets to Part VII, Section A..... 0. 0. d Total (add lines 1b and 1c). 104,529. 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 Yes No 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 Χ 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 4 Χ Χ **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address **(B)** Description of services (C) Compensation

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

Form **990** (2021)

### Form 990 (2021) SHELTER PROVIDERS OF UTAH 83-2298965 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (D) (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business function under sections 512-514 revenue revenue 1 a Federated campaigns . . . . . . . . 1 a Contributions, Gifts, Grants, and Other Similar Amounts **b** Membership dues..... 1 h c Fundraising events..... **d** Related organizations . . . . . . . 1 d e Government grants (contributions) . . . . 1 e 41,980. Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 931,242. **q** Noncash contributions included in lines 1a-1f..... 120,451. **h Total.** Add lines 1a-1f..... 973,222. **Business Code** Program Service Revenue 2 a b С d е f All other program service revenue. . . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) ..... Income from investment of tax-exempt bond proceeds Royalties.... (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) ...... (i) Securities (ii) Other 7 a Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis 7h and sales expenses c Gain or (loss). . . . . . d Net gain or (loss) . . . 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . 8a **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events . . . . . . . ▶ 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 10a **b** Less: cost of goods sold. . . . 10b c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue c q

973,222.

0.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re				
Do i 6b,	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		e.npe.neee	3	олраново
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	104,529.	104,529.	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	20,074.	20,074.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,074.	20,074.		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	e Professional fundraising services. See Part IV, line 17				
g	Investment management fees	2,122.	1,360.	476.	286.
	Advertising and promotion	2,581.	2,581.		
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	1 001	1 001		
	Travel  Payments of travel or entertainment	1,091.	1,091.		
10	expenses for any federal, state, or local public officials.				
. •	Conferences, conventions, and meetings				
20	Interest				
21					
22 23	Depreciation, depletion, and amortization Insurance	724		724	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	734.		734.	
á	SHELTER PROJECT EXPENSES	371,147.	371,147.		
	OUTREACH & AWARENESS	109,640.	109,640.		
	EVENT EXPENSE	11,011.	,		11,011.
(	SUBSCRIPTIONS	4,161.		4,161.	·
	All other expenses	5,346.	2,523.	1,038.	1,785.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	632,436.	612,945.	6,409.	13,082.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  ☐ if following  SOP 98-2 (ASC 958-720)				

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1 2	Cash — non-interest-bearing	386,842.	1 2	705,648.
	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		J	
	O	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
2	8	Inventories for sale or use.		8	
ssets		Prepaid expenses and deferred charges		9	
ST.		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation		10 c	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33).	386,842.		705,648.
	. •	(mast equal mile co).	000,012.		,00,010.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
		Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
		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.	21,980.	25	
	26	Total liabilities. Add lines 17 through 25.	21,980.	26	0.
balances		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
e e	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
run B		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	
e15	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets	31	Retained earnings, endowment, accumulated income, or other funds	364,862.	31	705,648.
Ĭ	32	Total net assets or fund balances	364,862.		705,648.
ž	33	Total liabilities and net assets/fund balances.	386,842.		705,648.
BAA		TEEA0111L 09/22/21	,		Form <b>990</b> (2021)

Forr	m 990 (2021) SHELTER PROVIDERS OF UTAH 83-2	298965		Page <b>12</b>
Pa	rt 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	973	3,222.
2	Total expenses (must equal Part IX, column (A), line 25).	2	632	2,436.
3		3	340	786.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	364	4,862.
5	Net unrealized gains (losses) on investments.	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O).	9		0.
10		10	70!	5,648.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
	,			es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		•	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:    Separate basis	l on a		
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Х
·	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			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
BAA	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits  TEEA0112L 09/22/21		<b>3 b</b> Form <b>9</b>	<b>90</b> (2021)

### SCHEDULE A (Form 990)

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

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

SHELTER PROVIDERS OF UTAH

Emp

Open to Public

OMB No. 1545-0047

2021

ion. Inspection
Employer identification number

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

BAA

### 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.)

	organization rans to quality	ander the tests his	tea below, picase	complete i art ii	1.)			
Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(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	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<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	rities, etc. (see ins	structions)			12		
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
14	Public support percentage for 20		•	ne 11, column (f)	)		%	
15	Public support percentage from						%	
16a	16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this bo and stop here. The organization qualifies as a publicly supported organization.							

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
 b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990) 2021

Page 3

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 te	sis listed below, pie	ease complete P	art II.)			
Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019 193, 159.	(d) 2020 873,128.	(e) 2021 973, 222.	(f) Total 2,039,509.
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.			230, 203	0.0,220	3.0,===	0.
3	Gross receipts from activities that are not an unrelated trade						
4	or business under section 513.  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	0.	0.	193,159.	873,128.	·	
b	disqualified persons	0.	0.	155,077.	38,500.	17,500.	211,077.
_	for the year	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	155,077.	38,500.	17,500.	211,077.
Sec	tion B. Total Support						1,828,432.
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total
	Amounts from line 6	0.	0.	193,159.	873,128.	973,222.	2,039,509.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.	0.	193,139.	073,120.	313,222.	0.
b	Unrelated business taxable income (less section 511						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0.
С	Unrelated business taxable income (less section 511 taxes) from businesses	0.	0.	0.	0.	0.	0.
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is	0.	0.	0.	0.	0.	
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in	0.	0.				0. 0.
11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9,	0. or the organization'	0. s first. second. t	193,159. hird. fourth. or fift	873,128. th tax vear as a se	973,222.	0. 0. 0. 2,039,509.
11 12 13 14 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is forganization, check this box and extion C. Computation of Publications.	0 . or the organization' stop here blic Support Per	0. s first, second, t rcentage	193,159. hird, fourth, or fift	873,128. h tax year as a s	973,222. ection 501(c)(3)	0. 0. 0. 2,039,509. ► X
12 13 14 Sec 15	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	0 . or the organization' stop here blic Support Per 21 (line 8, column (	0. s first, second, t ccentage f), divided by lin	193,159. hird, fourth, or fift	873,128. th tax year as a so	973,222. ection 501(c)(3)	0. 0. 0. 2,039,509. ►X
11 12 13 14 Sec 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is forganization, check this box and the support percentage for 200 Public support percentage from 200 public support support support support support support support support sup	0 . or the organization' stop here blic Support Per 21 (line 8, column (	0. s first, second, t 	193,159. hird, fourth, or fift	873,128. th tax year as a so	973,222. ection 501(c)(3)	0. 0. 0. 2,039,509. ► X
12 13 14 Sec 15 16 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0. or the organization' stop here blic Support Per 21 (line 8, column ( 2020 Schedule A, Po estment Income	0. s first, second, t rcentage f), divided by lin art III, line 15	193, 159. hird, fourth, or fift e 13, column (f))	873,128. th tax year as a se	973, 222. ection 501(c)(3)	0. 0. 0. 2,039,509. ► X
11 12 13 14 Sec 15 16 Sec 17	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is forganization, check this box and action C. Computation of Public support percentage for 202 Public support percentage from 2 cition D. Computation of Investment income percentage for 202 Investment Income Investment In	0. or the organization' stop here blic Support Per 21 (line 8, column ( 2020 Schedule A, Pa estment Income or 2021 (line 10c, co	0. s first, second, t centage f), divided by lin art III, line 15 e Percentage olumn (f), divided	193, 159. hird, fourth, or fifte 13, column (f)).	873,128. th tax year as a so	973, 222. ection 501(c)(3)	0. 0. 2,039,509. ► X
11 12 13 14 Sec 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is forganization, check this box and action C. Computation of Public support percentage for 202 Public support percentage from 2 Section D. Computation of Investment income percentage for Investment Income Inves	0. or the organization' stop here blic Support Per 21 (line 8, column ( 2020 Schedule A, Pa estment Income or 2021 (line 10c, co	o. s first, second, t rcentage f), divided by lin art III, line 15 e Percentage blumn (f), divided A, Part III, line 1	193,159.  hird, fourth, or fift  e 13, column (f))  d by line 13, colur	873,128. th tax year as a so	973, 222. ection 501(c)(3)	0. 0. 2,039,509. ► X
11 12 13 14 Sec 15 16 Sec 17 18 19a	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is forganization, check this box and action C. Computation of Public support percentage for 202 Public support percentage from 2 Section D. Computation of Investment income percentage for 33-1/3% support tests—2021. If this not more than 33-1/3%, check	0. or the organization' stop here plic Support Per 21 (line 8, column ( 2020 Schedule A, Pa estment Income or 2021 (line 10c, co om 2020 Schedule he organization did this box and stop h	o. s first, second, t	193,159.  third, fourth, or fift  e 13, column (f)).  d by line 13, colur  7  ox on line 14, and addition qualifies as	873,128. th tax year as a so	973, 222. ection 501(c)(3)	0. 0. 2,039,509
11 12 13 14 Sec 15 16 Sec 17 18 19a b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is forganization, check this box and action C. Computation of Public support percentage for 202 Public support percentage from 2 capital support perce	O. or the organization' stop here plic Support Per 21 (line 8, column ( 2020 Schedule A, Per estment Income or 2021 (line 10c, co om 2020 Schedule the organization did this box and stop he organization did the organization did	o. s first, second, t	193, 159.  third, fourth, or fift  e 13, column (f))  d by line 13, colur  f7  ox on line 14, and  zation qualifies as  on line 14 or line  organization qua	873,128. th tax year as a second of the seco	973, 222. ection 501(c)(3)	0.  0.  2,039,509.

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	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	
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	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <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	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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? <i>If 'Yes,' provide detail in Part VI.</i>	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? If 'Yes,' complete Part I of Schedule L (Form 990).	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	

### Schedule A (Form 990) 2021 SHELTER PROVIDERS OF UTAH 83-2298965 Page 5 **Part IV** Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below. the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b C A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers 1 during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the 2 supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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). 2 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 3 in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 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. Yes No

**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.* 

2b

**3**a

3b

SD

# 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 trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain in t complete Sections A	Part VI). <b>See</b> 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		
ŀ	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
6	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			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		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting org	anization
BAA			Sche	dule A (Form 990) 2021

d Excess from 2020..... e Excess from 2021.....

BAA

Schedule A (Form 990) 2021

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details 8 in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) Underdistributions (iii) Distributable Excess Section E — Distribution Allocations (see instructions) **Distributions** Amount for 2021 Pre-2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 . . . . . . . . . . . . . . . . . . **b** From 2017..... **d** From 2019..... **e** From 2020 . . . . . . . . . . . . f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) i Remainder. Subtract lines 3q, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017..... **b** Excess from 2018..... c Excess from 2019.....

Part VI

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

**BAA** TEEA0408L 08/31/21 **Schedule A (Form 990) 2021** 

# Schedule B (Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Organization type (check one):

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization SHELTER PROVIDERS OF UTAH DBA HOMEAID UTAH

Employer identification number 83-2298965

Filers of:	Section:				
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 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				
•	red by the <b>General Rule</b> or a <b>Special Rule.</b> , (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					
regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or defined any one contributor, during the year, total contributions of the greater of (1) \$5,000; or to (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, during th literary, or education	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one be year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering a nate and of the contributor name and address), II, and III.				
contributor, during th contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one be year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the sto this organization because it received nonexclusively religious, charitable, etc., contributions ore 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) (2021)

83-2298965

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

(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of contribution
1	NATE SHIPP  14034 SOUTH 45 EAST, SUITE 202  DRAPER, UT 84020	\$	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of contribution
2	ROCKY & COURTNEY DERRICK			Person X Payroll
	502 SUGAR PLUM LANE	\$	10,000.	Noncash
	NORTH SALT LAKE, UT 84054			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of contribution
3	WOODSIDE HOMES 460 WEST 50 NORTH SUITE 205 SALT LAKE CITY, UT 84101	\$	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of contribution
4	ACADEMY MORTGAGE  339 WEST 13490 SOUTH  DRAPER, UT 84020	\$	500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of contribution
5	LENNAR HOMES OF UTAH  111 EASET SEGO LILY DR STE 150  SANDY, UT 84070	\$	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	Total	(c) contributions	(d) Type of contribution
6	ANOTHONY & ELIZABETH ANTONELLI 3214 NORTH UNIVERSITY AVE #700 PROVO, UT 84604	\$	100,000.	Person X Payroll

Employer identification number

83-2298965

Part I	Contributors	(see instructions).	Use duplicate copie	s of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LKL ASSOCIATES		Person X Payroll
	3437 WEST NORRIS VIEW LANE	\$ 30,000.	Noncash
	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
8	BURTON LUMBER & HARDWARE		Person X Payroll
	1170 SOUTH 4400 WEST	\$ 50,000.	Noncash
	SALT LAKE CITY, UT 84104		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SHAUN MICHEL		Person X Payroll
	7240 SOUTH HIGHLAND DRIVE	\$ 7,000.	Noncash
	COTTONWOOD HEIGHTS, UT 84121		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	RICHMOND AMERICAN HOMES		Person X Payroll
	849 WEST LEVOY DRIVE, STE 220	\$ 5,000.	Noncash
	SALT LAKE CITY, UT 84123		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CARPET DIEM		Person X Payroll
	12382 SOUTH GATEWAY PARK PLACE	\$ 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
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

SHELTER PROVIDERS OF UTAH

83-2298965

(a) No. from Part I	(b) Description of noncash property given N/A	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
<b>5.4</b>	TEFACTOR 10/05/05	\$ <u> </u>	VF 000 1005
BAA	TEEA0703L 10/06/21	Schedule B	(Form 990) (2021)

Employer identification number 83-2298965

1

SHELTER PROVIDERS OF UTAH

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
. ••••	N/A					
		(e) Transfer of gift				
	Transferee's name, address, and ZIP +	4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and ZIP +	(e) Transfer of gift 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 ZIP +	(e) Transfer of gift	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 ZIP +	(e) Transfer of gift 4	Relationship of transferor to transferee			

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

**Noncash Contributions** 

OMB No. 1545-0047

2021

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization SHELTER PROVIDERS OF UTAH DBA HOMEAID UTAH

Employer identification number

83-2298965

Part I Types of Property

					(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) nod of determin contribution a	ning amounts
1	Art - Wo	orks of art.								
2	Art - His	storical trea	asures							
3	Art – Fra	actional int	erests							
4	Books ar	nd publicati	ions							
5	Clothing	and house	hold goods							
6	Cars and	other vehi	icles							
7	Boats an	d planes								
8	Intellectu	ial property	y							
9	Securitie	s – Public	ly traded							
10	Securitie	s - Closel	y held stock							
11	Securitie	s – Partne	ership, LLC, or trust in	nterests .						
12	Securitie	s – Miscel	laneous							
13			ion contribution –							
14	Qualified	conservat	ion contribution – Ot	her						
15	Real esta	ate – Resid	dential							
16	Real esta	ate – Com	mercial							
17	Real esta	ate – Othe	r							
18	Collectib	les								
19	Food inv	entory								
20	Drugs an	nd medical	supplies							
21	Taxidern	ıy								
22	Historica	l artifacts								
23	Scientific	specimen	IS							
24	Archeolo	gical artifa	cts							
25	Other ►	(MATER	IALS & GOO	)	X	10	89,471.	COMP.	SALES	
26	Other ►	(LABOR	& SERVICE	)	X	10	30,980.	COMP.	SALES	
27	Other ►	(		)						
28	Other ►	(		)						
29						year for contributions fogement	or which the	29		
									Yes	No
30a	it must h	old for at le	east three years from	the date	of the initial	contribution, and whi	I, lines 1 through 28, that ch isn't required to be ι	ısed	30 a	X
b			e arrangement in Pa							
					cy that requi	res the review of any	nonstandard contributio	ns?	31	Х
	Does the	organizati	on hire or use third p	arties or r	elated organ	nizations to solicit, pro			32 a	Х
h		describe in								21
	If the org			nt in colu	mn (c) for a	type of property for w	rhich column (a) is chec	ked,		
ВАА	For Pape	erwork Red	duction Act Notice, s	ee the Ins	tructions fo	r Form 990.		Schedu	ule M (Form 99	90) 2021

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.

**BAA** TEEA4602L 11/4/21 **Schedule M (Form 990) 2021** 

### 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-F7

► 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

Department of the Treasury Internal Revenue Service

Name of the organization SHELTER PROVIDERS OF UTAH DBA HOMEAID UTAH

Employer identification number 83-2298965

### 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.