** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning and ending		
В	Check if	C Name of organization	D Employer identific	cation number
	applicable	SHELTER PROVIDERS OF ORANGE COUNTY, INC.		
	Addre	DDA HOMEATD ODANICE COHNEY THE		
F	Name chang		33-05680	79
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	
	Final return	17821 17TH STREET, SUITE 120		0-1136
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,345,716.
	Ameno return	10511N, CA 92780	H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: GINA K. CONNINGHAM	for subordinates	? Yes X No
_	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
<u> 1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
	Websit		H(c) Group exemption	
			ear of formation: 1989 N	1 State of legal domicile: CA
P	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: TO END HOLLIGHTON	OMELESSNESS TH	ROUGH
Governance		HOUSING, SERVICE AND EDUCATION.		
ern	2	Check this box if the organization discontinued its operations or disposed of m	1 _ 1	
ò	3	Number of voting members of the governing body (Part VI, line 1a)		25 25
		Number of independent voting members of the governing body (Part VI, line 1b)		9
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		950
₹	6	Total number of volunteers (estimate if necessary)		0.
Ä	/a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,582,543.	3,107,770.
ne	9		173,603.	163,598.
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,832.	-495.
Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-118,184.	-214,121.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,630,130.	3,056,752.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	640,113.	701,049.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)146, 213.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	891,769.	1,453,105.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,531,882.	2,154,154.
_		Revenue less expenses. Subtract line 18 from line 12	98,248.	902,598.
Net Assets or	g		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	6,730,500.	7,507,288.
at As	21	Total liabilities (Part X, line 26)	2,542,279.	2,416,469.
		Net assets or fund balances. Subtract line 21 from line 20	4,188,221.	5,090,819.
	art II	Signature Block		Described as a set by the first State
		lties of perjury, I declare that I have examined this return, including accompanying schedules and stat t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		knowledge and beller, it is
true	, correc	Michaelle Turakudhawe	$\frac{11/7}{11}$	'/2023
Sig	n	Signature of Memorial Commence	Date	
He		MICHELLE KENDALL, BOARD PRESIDENT		
110	•	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	LISA N. RYSSEL, CPA LISA N. RYSSEL, CPA	11/06/23 if self-employ	P00643670
	parer	Firm's name CLIFTONLARSONALLEN LLP		1-0746749
	Only	Firm's address 2875 MICHELLE DRIVE #300		
		IRVINE, CA 92606	Phone no. (7	14) 978-1300
Ма	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No
222	001 10 1	1 HΔ For Panerwork Reduction Act Notice see the senarate instructions		Form 990 (2022)

SHELTER PROVIDERS OF ORANGE COUNTY, INC. DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 <u> Page</u> **2** Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO HELP PEOPLE EXPERIENCING OR AT RISK OF HOMELESSNESS BUILD NEW LIVES THROUGH CONSTRUCTION, COMMUNITY ENGAGEMENT AND EDUCATION. Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ______ Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 565,118. including grants of \$ (Code: _____) (Expenses \$ ____) (Revenue \$ HOMEAID'S IN THE COMMUNITY PROGRAM ("IN THE COMMUNITY") INCLUDES HOMEAID ESSENTIALS ("ESSENTIALS"), HOMEAID CAREKITS ("CAREKITS"), ADVOCACY, AND VARIOUS EDUCATION AND VOLUNTEER ACTIVITIES. HOMEAID ESSENTIALS IS A SERVICE PROGRAM COLLECTING MUCH NEEDED ITEMS SUCH AS DIAPERS, BABY WIPES, BABY HYGIENE PRODUCTS, AND FOOD FOR HOMELESS INFANTS AND TODDLERS. ALL OF THE ITEMS COLLECTED ARE DONATED TO HOMEAID'S SERVICE PROVIDER PARTNERS WHO DIRECTLY SERVE HOMELESS FAMILIES, MOTHERS AND THEIR CHILDREN, ALLOWING THEM TO SAVE THE FUNDS NORMALLY SPENT ON THESE ITEMS AND USE THEM TOWARDS PROGRAMS THAT WILL HELP THEIR RESIDENTS TRANSITION OUT OF HOMELESSNESS AND INTO ECONOMIC SELF-SUFFICIENCY. HOMEAID CAREKITS IS AN OUTREACH TO THOSE 1,350,611. including grants of \$ **162,180.**)) (Expenses \$) (Revenue \$ HOMEAID'S HOUSING DEVELOPMENT PROGRAM ("HOUSING DEVELOPMENT") INVOLVES THE BUILDING AND RENOVATION OF EMERGENCY SHELTERS, TRANSITIONAL/INTERIM HOUSING, AND PERMANENT SUPPORTIVE HOUSING (THE "PROJECTS"). HOMEAID SERVES AS THE DEVELOPER FOR EACH PROJECT. PROJECTS ARE IDENTIFIED AND SELECTED BASED ON HOUSING GAPS WITHIN THE ORANGE COUNTY COMMUNITY. ONCE COMPLETED, HOMEAID DONATES THE PROJECT TO AN ORANGE COUNTY NOT-FOR-PROFIT ORGANIZATION. IN 2015, HOMEAID EMBARKED ON THE DEVELOPMENT OF ITS OWN EMERGENCY SHELTER FACILITY. THE HOMEAID FAMILY CARE CENTER (THE "FAMILY CARE CENTER") WILL SUPPORT THE NEEDS OF OVER 67 ORANGE COUNTY FAMILIES WITH YOUNG CHILDREN IN 2022. IN CONNECTION THEREWITH, HOMEAID INITIATED A (Code:) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe on Schedule O.)

Total program service expenses

(Expenses \$ including grants of \$

1,915,729.

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) (Revenue \$

DBA HOMEAID ORANGE COUNTY, INC. Part IV | Checklist of Required Schedules

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Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI 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? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Form 990 (2022)

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Pai	Checklist of Required Schedules (continued)		1	
			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		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? If "Yes," complete		37	
	Schedule J	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 "Yes," answer lines 24b through 24d and complete			1,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├──
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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
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%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		-25
28	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	¥ 12-13-22	Form	990	(2022)

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Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h 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 O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 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? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 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 If "Yes," complete Form 6069. Form **990** (2022)

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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.

	to mile ea, es, or respective the encurricances, proceeded, or changes on constant of			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
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	X	
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	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		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request X 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	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GINA CUNNINGHAM - (949)220-1136			
	17821 17TH STREET, SUITE 120, TUSTIN, CA 92780			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		iyee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner	,		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) GINA CUNNINGHAM	40.00									
EXECUTIVE DIRECTOR				Х				180,000.	0.	8,679.
(2) YVETTE AHLSTROM	40.00									
HOUSING DIRECTOR						X		117,628.	0.	9,907.
(3) NITA GOMES	40.00									
FINANCE DIRECTOR						X		121,300.	0.	97.
(4) MICHELLE THRAKULCHAVEE (KENDALL	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) SONIA LISTER	2.00								_	_
VP BOARD DEVELOPMENT (SECRETARY)		Х		Х				0.	0.	0.
(6) DEAN PARSONS	2.00								_	_
VP FINANCE (TREASURER)		Х		Х				0.	0.	0.
(7) PETER WHITTINGHAM	2.00									_
VP EDUCATION		Х		Х				0.	0.	0.
(8) STEVEN M. MUROW	2.00									_
FIRST VICE PRESIDENT (VP ASSET MGT)		Х		Х				0.	0.	0.
(9) OLIVER JONES	2.00									
VP COMMUNITY OUTREACH	1 00	Х		Х				0.	0.	0.
(10) JOHN OLIVIER	1.00									
VP HOUSING DEVELOPMENT	1 00	Х		Х				0.	0.	0.
(11) HANNAH BRADLEY	1.00									
VP MARKETING	1 00	Х		Х				0.	0.	0.
(12) KATHRYN AUSTIN BUSCAGLIO	1.00									
VP RESOURCE DEVELOPMENT	1 00	Х		Х				0.	0.	0.
(13) MELANIE ANDREWS	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) TOM BAINE	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) ROBERTO DENTICI	1.00	.,								•
DIRECTOR	1 00	Х						0.	0.	0.
(16) JR JONES	1.00	٠,							_	^
DIRECTOR (17) MARK KINER	1 00	Х						0.	0.	0.
(17) MARK KINER	1.00	Х						0.	0.	^
DIRECTOR	<u> </u>	Λ				L		ı	U •	<u> </u>

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DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)							(D)	(E)		(F)	
Name and title	Average			Posi	tion			Reportable	Reportable		imate	Ч
ramo ana tito	hours per			heck r ss per:				compensation	compensation		ount o	
	week	offic	cer an	d a di	recto	r/trus	tee)	from	from related	c	ther	
	(list any	ector						the	organizations	comp	ensat	ion
	hours for	or dire	au l			ted		organization	(W-2/1099-MISC/	fro	m the)
	related	stee (trustee		43	bensa		(W-2/1099-MISC/	1099-NEC)	ı -	nizati	
	organizations below	ıal tru	onal t		oloyee	moo a		1099-NEC)			relate	
	line)	Individual trustee or director	Institutional t	Officer	sey employee	Highest compensated employee	Former			orgar	nizatio	ns
(18) KARL KREUTZIGER	1.00	드	드	Ð	<u> </u>	포능	2					
DIRECTOR	1.00	Х						0.	0.			0.
(19) MICHAEL MAHONY	1.00	21						- 0.	<u> </u>			<u> </u>
DIRECTOR	1.00	Х						0.	0.			0.
(20) DEAN MONAHAN	1.00							•	•			<u> </u>
DIRECTOR		Х						0.	0.			0.
(21) TARA MORENC	1.00											
DIRECTOR		Х						0.	0.			0.
(22) DEEDEE NASH	1.00							-	-			
DIRECTOR		Х						0.	0.			0.
(23) TIM PAONE	1.00											
DIRECTOR		Х						0.	0.			0.
(24) DAVE PINTAR	1.00											
DIRECTOR		Х						0.	0.			0.
(25) DAVE PROLO	1.00								_			
DIRECTOR	1 00	Х						0.	0.			0.
(26) JEREMY STEELE	1.00								•			_
DIRECTOR X 0.					0.	1.0		0.				
1b Subtotal								418,928.	0.	10	, 68	
c Total from continuation sheets to Part VII								418,928.	0.	1 0	, 68	0.
d Total (add lines 1b and 1c)								•		1 10	, 00	,,,,
2 Total number of individuals (including but no compensation from the organization	or illilited to th	ose	iiste	u ab	ove	y vvii	o re	ceived more man \$100,	000 of reportable			3
compensation from the organization										,	Yes	No
3 Did the organization list any former officer,	director trust	ee k	ev e	mple	ove	e or	hia	hest compensated empl	lovee on			
line 1a? If "Yes," complete Schedule J for su										3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch p	ers	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ntra	acto	s th	nat received more than \$	100,000 of compensa	tion fror	n	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ıg wi	ith c	or wi	thin		ear.			
(A)	addraga	376						(B)	onicos	(C) Compens) ootion	
Name and business address NONE Description of services Compo										ompen	Satioi	
							_					

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

Orm 990 DBA HOMEAID ORANGE COUNTY, INC. 33-0568079

Form 990 DBA HOME	AID ORAN	IGE	: C	:OU	ľΥΝΊ	Υ,	I	NC.	33-056	8079
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(c	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ANDREA TENA DIRECTOR	1.00	Х						0.	0.	0.
(28) PETER VANEK DIRECTOR	1.00	Х						0.	0.	0.
(29) SEAN GRUBBS DIRECTOR RESIGNED 5/2022	1.00	х						0.	0.	0.
(30) AMINA RAFIQZADA	1.00									
DIRECTOR RESIGNED 5/2022 (31) BRAD COLEMAN	1.00	X						0.	0.	0.
DIRECTOR RESIGNED 9/2022		Х						0.	0.	0.
T	1									
Total to Part VII, Section A, line 1c										

DBA HOMEAID ORANGE COUNTY, INC. Part VIII Statement of Revenue

33-0568079

Page 9

		Check if Schedule O	ontains	a response	e or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lanction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
au au	b								
⊕ 8	С				485,378.				
ifts Ir A				1	·				
nii G	е								
Sig		All other contributions, gifts,	-						
je je	-	similar amounts not included	-	1f	2,622,392.				
	g				1,169,002.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	11100 Tu 11	. 	, ,	3,107,770.			
					Business Code	, ,			
	2 a	CONSULTING SERVICES			900099	162,180.	162,180.		
Š	2 u h	PROGRAM SERVICE REVE	ENUE		900099	1,418.	1,418.		
Ser	c	•				, -	,		
E S	d								
gra Re	e								
Program Service Revenue		All other program service	revenue						
_	'	-				163,598.			
\dashv	3	Investment income (includ			rest and				
	J				-495.			-495.	
	4	Income from investment o			proceeds				
	5	Royalties		•	•				
	•	rioyanics		(i) Real	(ii) Personal				
	6 2	Gross rents	6a	(1) 1.154.	(1) 1 01001141				
			6b						
	b	Rental income or (loss)	6c						
	4	Net rental income or (loss)							
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				
	ı a	assets other than inventory	7a	7 0000111100	(ii) Garioi				
	h	Less: cost or other basis	1 a						
a	b		7b						
Revenue	_	and sales expenses	7c						
eve									
×		Net gain or (loss)							
)ther	o a	including \$							
٥		contributions reported on							
		Part IV, line 18			a 74,843.				
	h	Less: direct expenses							
		Net income or (loss) from			<u>D</u>	-214,121.			-214,121.
		Gross income from gamin				== 2, == 1.			,
	e a	Part IV, line 19			<u> </u>				
	h	Less: direct expenses		I .					
		Net income or (loss) from		·····	D				
		Gross sales of inventory, le	-						
	10 a	and allowances			00				
	h			I					
		Less: cost of goods sold Net income or (loss) from:			, ⊳				
\dashv	U	THE INCOME OF (1055) HOLLS	JaiUJ Ul	IV CITIOI Y	Business Code				
Sn	11 a								
neo Tue	ii a b								
Miscellaneous Revenue	C								
Sce		All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				3,056,752.	163,598.	0.	-214,616.

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Form **990** (2022)

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

DONATED MATERIALS

OUTSIDE SERVICES

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.)

SHELTER PROGRAM EXPENSE

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

SHELTER PROVIDERS OF ORANGE COUNTY, INC.

DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 Page 10

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 188,679. 132,075. 9,434. 47,170. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 423,175. 340,794. 28,170. 54,211. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) $33,\overline{637}$ 26,673. 2,174. 4,790. Other employee benefits 9 55,558. 42,996. 3,424. 9,138. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 26,521. 26,521. 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 Sch O.) $8,\overline{472}$ 11,679.105. 3,102. Advertising and promotion 12 7,756. 6,452. 367. 937. Office expenses 13 9,204. 6,309. 478. ,417. Information technology 14 15 Royalties

70,480.

9,244.

21,721.

62,159.

27,679.

52,874.

43,685.

1,031,955.

57,073.

7,920.

21,721.

56,376.

27,073.

52,874. 34,823.

1,026,837.

14,091. 252. 13,839. PROPERTY TAX 64,057. 53.422. 3,687. 6,948. e All other expenses 2,154,154. 1,915,729. 92,212. 146,213. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

9,541.

1,117.

417.

6,425.

Check here

16

17 18

19

20

21

22

23

24

3,866

207.

189.

5,783.

5,118.

2,437.

Form 990 (2022)
Part X | Balance Sheet

DBA HOMEAID ORANGE COUNTY, INC.

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2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Investments of the securities and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 10 Jay 7, 056 Jay 7, 117 loc 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 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	(B) End of year 2,189,027. 1,344,601. 159,474. 68,952.
1	End of year 2,189,027. 1,344,601. 159,474.
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Investments or sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,471,597. b Less: accumulated depreciation 10b 347,056. 3,047,117. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,730,500. 16 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other receivable, net 22 Loans and other receivables from any of these persons 22 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 22	1,344,601. 159,474.
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Investments or sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,471,597. b Less: accumulated depreciation 10b 347,056. 3,047,117. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,730,500. 16 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other receivable, net 22 Loans and other receivables from any of these persons 22 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 22	1,344,601. 159,474.
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4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation b Less: accumulated depreciation 10 Jay 1, 10 Jay 1, 10 Jay 1, 11 Jay 1, 12 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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	68,952.
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8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 347,056. 3,047,117. 10c 11 Investments - publicly traded securities 93,724. 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue	
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11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Interval 11 12 Interval 21 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Deferred revenue 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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	
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13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Interest IV of Schedule D 23 Interest IV of Schedule D 24 Interest IV of Schedule D 25 Interest IV of Schedule D 26 Interest IV of Schedule D 27 Interest IV of Schedule D 28 Interest IV of Schedule D 29 Interest IV of Schedule D 20 Interest IV of Schedule D 21 Interest IV of Schedule D 22 Interest IV of Schedule D 23 Interest IV of Schedule D 24 Interest IV of Schedule D 25 Interest IV of Schedule D 26 Interest IV of Schedule D 27 Interest IV of Schedule D 28 Interest IV of Schedule D 29 Interest IV of Schedule D 20 Interest IV of Schedule D 20 Interest IV of Schedule D 21 Interest IV of Schedule D 22 Interest IV of Schedule D 23 Interest IV of Schedule D 24 Interest IV of Schedule D 25 Interest IV of Schedule D 26 Interest IV of Schedule D 27 Interest IV of Schedule D 28 Interest IV of Schedule D 29 Interest IV of Schedule D 20 Interest IV of Schedule D 20 Interest IV of Schedule D 21 Interest IV of Schedule D 22 Interest IV of Schedule D 23 Interest IV of Schedule D 24 Interest IV of Schedule D 25 Interest IV of Schedule D 26 Interest IV of Schedule D 27 Interest IV of Schedule D 28 Interest IV of Schedule D 29 Interest IV of Schedule D 20 Interest IV of Schedule D 20 Interest IV of Schedule D 20 Interest IV of Schedule D 21 Interest IV of Schedule D 22 Interest IV of Schedule D 23 Interest IV of Schedule D 24 Interest IV of Schedule D 25 Interest IV of Schedule D 26 Interest IV of Schedule D 27 Interest IV of Schedule D 28 Interest	59,249.
14 Intangible assets 14 15 Other assets. See Part IV, line 11 8, 297 • 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,730,500 • 16 17 Accounts payable and accrued expenses 86,457 • 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to 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	
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17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Interval 17 Interval 18 Interval 18 Interval 19 Inte	535,540.
18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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	7,507,288.
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to 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	103,741.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to 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	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 21 22 23 24 25 26 27 28 29 20 20 21 21 22 22 23 24 26 27 28 29 20 20 20 21 21 22 23 24 26 27 28 29 20 20 20 20 20 20 20	
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	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
controlled entity or family member of any of these persons	
504 240	101 006
23 Secured mortgages and notes payable to unrelated third parties 304,340 23	424,236.
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	1 000 400
	1,888,492.
	2,416,469.
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33. The second	1 228 711
27 Net assets without donor restrictions 4,188,221. 27	4,228,744. 862,075.
28 Net assets with donor restrictions	002,073.
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds 29	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances and complete lines 27, 28, 32, and 33. 4,188,221. 27 4,188,221. 27 28 4,188,221. 27 29 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 4,188,221. 32	F 000 010
32 Total net assets or fund balances 4,188,221 32 33 Total liabilities and net assets/fund balances 6,730,500 33	n liwiii xiu
33 Total liabilities and net assets/fund balances 6,730,500 • 33	5,090,819. 7,507,288.

DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 3,056,752. Total revenue (must equal Part VIII, column (A), line 12) 2,154,154. Total expenses (must equal Part IX, column (A), line 25) 2 2 902,598. Revenue less expenses. Subtract line 2 from line 1 3 3 4,188,221. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 5,090,819. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: X 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, Х review, or compilation of its financial statements and selection of an independent accountant? 2c 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х За 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

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Nam	e of t	he organization SHEI	TER PROVID	ERS OF ORANGI	COUI	TY, I	INC.	Employer	identification number		
		DBA	HOMEAID OR	ANGE COUNTY,	INC.			3	3-0568079		
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ıs.			
The o	organi	ization is not a private found	dation because it is: (For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of ch	nurches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).				
4		A medical research organiz					-)(iii). Enter	the hospital's name,		
		city, and state:	•								
5		An organization operated t	for the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed 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 X 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). (0	•		3			3			
8		A community trust describ		(1)(A)(vi). (Complete Part	: 11.)						
9		An agricultural research or			•	ed in coniu	ınction with a	land-grant	college		
		or university or a non-land-	-			-		-			
		university:	g g · - · g · · -			··-··-, -·- ,	,				
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	ip fees, and	d aross receipts from		
		activities related to its exe									
		income and unrelated bus		•	` '				· ·		
		See section 509(a)(2). (Co		(,,				,	,		
11		An organization organized	•	ively to test for public sat	etv. See	section 50	09(a)(4).				
12		An organization organized	•	•	•			rrv out the	purposes of one or		
_		more publicly supported o	•	•	-			•			
		lines 12a through 12d that	-								
а		Type I. A supporting org	• •			-		-	aivina		
_		the supported organizati	•	•	•	-					
		organization. You must			majority c	in the direc	nois or traste	00 01 1110 00	apporting		
b		Type II. A supporting org			ion with it	e eunnorte	ad organizatio	n(s) by bay	vina		
		control or management	-				-	•	-		
		organization(s). You mu			and perso	110 11101 001	THE OF OF THAT IA	go tric bupp	Sortou		
С		Type III functionally into	-		in connect	tion with a	and functional	lv integrate	ad with		
·		its supported organization	-					ny integrate	with,		
d		Type III non-functional		•				ted organis	zation(s)		
u		that is not functionally in						-			
		requirement (see instruc	-		•		-	i ali allellili	7611633		
_		Check this box if the org	•	-				II. Typo III			
е		functionally integrated, of					Type I, Type	ii, Type iii			
	Ento	er the number of supported		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.					
		vide the following information	•	od organization(s)							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	•	organization		(described on lines 1-10	Yes	No No	support (see in	nstructions)	support (see instructions)		
				above (see instructions))	103	140					
			+						 		

Schedule A (Form 990) 2022 DBA HOMEAID ORANGE COUNTY, INC.

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	` ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	1696272.	1745425.	2200641.	1583758.	3107770.	10333866.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1696272.	1745425.	2200641.	1583758.	3107770.	10333866.
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.						10333866.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1696272.	1745425.	2200641.	1583758.	3107770.	10333866.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	130.	6,780.	22,771.	-7,832.	-495.	21,354.
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.)		62,903.	246,790.	172,388.	163,598.	645,679.
11	Total support. Add lines 7 through 10						11000899.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	93.94 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	88.84 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	3
						Cabadula A	(Form 990) 2022

Schedule A (Form 990) 2022

DBA HOMEAID ORANGE COUNTY, INC.

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 b Section A. Public Support	elow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	. ,		, ,			,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publi	ic Support Pe	rcentage				
15 Public support percentage for 2022 (ine 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2021		<u> </u>			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box at	nd stop here. The	e organization quali	fies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

DBA HOMEAID ORANGE COUNTY, INC.

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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

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

		Yes	No
1			
•			
2			
20			
3a	1		
3b	,		
30	;		
4a			
10			
4k)		
40	;		
5a			
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5b	,		
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SHELTER PROVIDERS OF ORANGE COUNTY, INC. DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 Page 5 Schedule A (Form 990) 2022 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 <u>detail in P</u>art 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 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). 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes_ No 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. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

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.

Schedule A (Form 990) 2022

2b

За

33-0568079 Page 6 DBA HOMEAID ORANGE COUNTY, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 Depreciation and depletion 5 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A)

2

3

<u>4</u> 5

6

Schedule A (Form 990) 2022

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

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3

5

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2022 DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	· · · · · · · · · · · · · · · · · · ·
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
_5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	Г	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
<u>C</u>	Excess from 2020				

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

Schedule A	(Form 990) 2022	DBA HOMEAII	O ORANGE COUNTY	, INC.	33-0568079 Page 8
Part VI	Supplemental Info	rmation. Provide the	evolunations required by Pa	rt II line 10: Part II line 17a d	or 17h: Dart III, line 12:
	Part IV Section A lines	1 2 3h 3c 4h 4c 5a 6	explanations required by Pa 6, 9a, 9b, 9c, 11a, 11b, and	It II, III e TO, FAIT II, III e TA C	1 and 2: Part IV Section C
	line 1: Part IV Section D	lines 2 and 3: Part IV 5	Section F lines 10 2a 2h 3a	and 3h: Part V line 1: Part	V, Section B, line 1e; Part V,
	Section D lines 5 6 and	d 8: and Part V Section	E, lines 2, 5, and 6. Also com	nolete this part for any addition	onal information
	(See instructions.)	a o, and r are v, occion	2, 11100 2, 0, 4114 0. 7400 0011	plote this part for any addition	ona imornation.
-	(OCC INSTRUCTIONS.)				
_					
-					

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 ORANGE COUNTY, INC. DBA HOMEAID ORANGE COUNTY, INC.

Employer identification number

33-0568079

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

Name of organization
SHELTER PROVIDERS OF ORANGE COUNTY, INC.

DBA HOMEAID ORANGE COUNTY, INC.

33-0568079

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and Zir + +	\$\$65,130.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number SHELTER PROVIDERS OF ORANGE COUNTY, INC. DBA HOMEAID ORANGE COUNTY, INC.

33-0568079

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(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					
		\$						
223453 11-15	-22		Schedule B (Form 990) (2022)					

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** SHELTER PROVIDERS OF ORANGE COUNTY, INC. 33-0568079 DBA HOMEAID ORANGE COUNTY, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Schedule D (Form 990) 2022

SHELTER PROVIDERS OF ORANGE COUNTY, INC. Name of the organization DBA HOMEATD ORANGE COUNTY

Employer identification number 33-0568079

Pai		Funds or Other Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(h) Funds	and other accounts
1	Total number at end of year	(a, z ana. aanasa ianas	(2) :	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds	
Ū	are the organization's property, subject to the organization's ex			Yes No
6	Did the organization inform all grantees, donors, and donor ad			
Ū	for charitable purposes and not for the benefit of the donor or			
	· ·		· ·	Yes No
Pai		anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreation	`	of a historically im	portant land area
	Protection of natural habitat	· —	of a certified histor	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation	n easement on the last
	day of the tax year.		He	eld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired af	ter July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization du	ring the tax
	year			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cor	servation easeme	ents during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserve	ation easements o	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170)(h)(4)(B)(i)	
•		cation, the requirements of essenting the		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	•		es the
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar A	Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	and balance shee	t works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in f	urtherance of pub	olic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance sheet wo	orks of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fur	therance of public	service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$_	
	(ii) Assets included in Form 990, Part X		\$_	
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financi	al gain, provide	
	the following amounts required to be reported under FASB AS	_		
а	Revenue included on Form 990, Part VIII, line 1		\$_	
b	Assets included in Form 990, Part X			

232051 09-01-22

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

33-0568079 Page 2 DBA HOMEAID ORANGE COUNTY, INC. Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1,487,361 1,487,361. 1a Land 261,593. 48,912. 212,681. **b** Buildings 204,075. 1,377,339. 1,173,264. Leasehold improvements 6,477. 140,598. 134,121. d Equipment 204,706. 87,592. 117.114. e Other

Schedule D (Form 990) 2022

124,541.

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

DocuSign Envelope ID: 1E29D68F-8604-45E0-A527-29308215091D SHELTER PROVIDERS OF ORANGE COUNTY, INC. 33-0568079 Page 3 DBA HOMEAID ORANGE COUNTY, INC. Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | Part VIII | Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	8,189.
(2) RIGHT OF USE	527,351.
(3)	
(4)	
(5)	
<u>(6)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	535,540.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PASSTHROUGH GRANT	1,344,601.
(3) LEASE LIABILITY	1,344,601. 543,891.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	1,888,492.

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 Page 4

Pa	T XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,582,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	526,206.		
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	526,206.
3	Subtract line 2e from line 1			3	3,056,752.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,056,752.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,680,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	526,206.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	526,206.
3	Subtract line 2e from line 1			3	2,154,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
				-	2,154,154.

Part XIII Supplemental Information.

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

PART X, LINE 2:

IN ACCORDANCE WITH FASB ASC 740-10-25, INCOME TAXES, AN ORGANIZATION MUST

RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN

PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE

SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THAT THERE ARE ANY MATERIAL

UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY

LIABILITY FOR UNRECOGNIZED TAX BENEFITS OR ANY RELATED INTEREST OR

PENALTIES AT DECEMBER 31, 2022 AND 2021. THE ORGANIZATION'S TAX YEARS FROM

2019 TO 2022 ARE OPEN TO REVIEW FOR FEDERAL TAX PURPOSES, AND TAX YEARS

FROM 2018 TO 2022 ARE OPEN TO REVIEW FOR STATE INCOME TAX PURPOSES.

Schedule D (Form 990) 2022

		SHELT	ER PRO	VIDERS	OF ORANG	GE COUNTY	, INC.	22 0560050	
Schedule D (Form 990) 2022 Supplemental Infor	DBA F	HOMEALD	ORANGE	COUNTY,	, INC.		33-0568079	Page 5
I dit XIII	ouppiemental imol	mation (continuea)						
-									
-									
-									
-									

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

SHELTER PROVIDERS OF ORANGE COUNTY, INC. **Employer identification number** Name of the organization 33-0568079 DBA HOMEAID ORANGE COUNTY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 DBA

DBA HOMEAID ORANGE COUNTY, INC.

33-0568079 Page 2

Pa	ırt	Fundraising Events. Complete if to of fundraising event contributions and g				
		of fundraising event contributions and g	(a) Event #1 VARIOUS EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
<u>a</u>			(event type)	(event type)	(total number)	351. (3))
Revenue	1	Gross receipts	560,221.			560,221.
	2	Less: Contributions	485,378.			485,378.
	3	Gross income (line 1 minus line 2)	74,843.			74,843.
	4	Cash prizes				
S	5	Noncash prizes	67,893.			67,893.
kpense	6	Rent/facility costs	27,771.			27,771.
Direct Expenses	7	Food and beverages	50,735.			50,735.
Δ	8	Entertainment Other direct evenesses				4,962. 137,603.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				288,964.
	l	Net income summary. Subtract line 10 from				-214,121.
Pa	irt					,
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
_	1	Gross revenue				_
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
a	ls:	nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain:	activities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses r 'Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-	•	Yes No
2320	32 10	0-27-22			Sche	edule G (Form 990) 2022

SHELTER PROVIDERS OF ORANGE COUNTY, INC. 33-0568079 Page 3 DBA HOMEAID ORANGE COUNTY, INC.

Sch	edule G (Form 990) 2022 DBA HOMEAID ORANGE COUNTY, INC. 33-0	0568079	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	•	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
L	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$ and the amount		
,	: If "Yes," enter name and address of the third party:		
•	on 165, entername and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$\psi\$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			_
_			

		SHELTER PRO	OVIDERS OF	ORANGE COUN	TY, INC.	22 0560070	
Schedule (G (Form 990) Supplemental Info	DBA HOMEAID	ORANGE CO	UNTY, INC.		33-0568079	Page 4
1 diciv	- Cappiemental inio	(continuea)					
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-							

Part I Questions Regarding Compensation

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

SHELTER PROVIDERS OF ORANGE COUNTY, INC.
DBA HOMEAID ORANGE COUNTY, INC.

Employer identification number 33-0568079

OMB No. 1545-0047

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any never listed an Form 000 Part VIII Section A line 1s with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•		4a		Х
		4b		X
	Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

DBA HOMEAID ORANGE COUNTY, INC.

33-0568079

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GINA CUNNINGHAM	(i)	155,000.	25,000.	0.	0.	8,679.	188,679.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

DBA HOMEAID ORANGE COUNTY, INC. 33-0568079 Schedule J (Form 990) 2022 Page 3 Part III | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 3: HR COMMITTEE REVIEWS ALL COMPENSATIONS FOR EACH EMPLOYEE, UTILIZING AVAILABLE POSITION SALARIES AND NONPROFIT COMPENSATION OF OTHER SIMILAR AREA NPOS

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

SHELTER PROVIDERS OF ORANGE COUNTY, INC.

Open to Public Inspection

Employer identification number

	DBA HOMEAID	ORANGE	COUNTY,	INC.	33-0)5680	J ⁷ /9	
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of donorcash contribution	etermini	_	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		306,650.	FAIR MARKE	T V	TLUE	<u> </u>
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		20.000	00 550				
19	Food inventory	X	30,000	92,550.	FAIR MARKET	' VAI	JUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	<u> </u>	F0 000	F01 010				
25	Other (CONSTRUCTION/PR)	X	50,000		FAIR MARKET			
26	Other (AUCTION ITEMS)	X	80	67,892.	FAIR MARKET	, AVI	JUE:	
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organi	-	•				1	
	for which the organization completed Form 82	283, Part V, L	onee Acknowledg	ement 29		T	, ,	
	B						Yes	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of					00		Х
	exempt purposes for the entire holding period	7				30a		
	If "Yes," describe the arrangement in Part II.	nalia, that ra	autivos the voltieur	of any nanatandard contribu	eiono?	0.4	v	
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					31	X	
32a	-		-					v
	contributions?					32a		X
	If "Yes," describe in Part II.			. fan laine and /-\ ! !	al a al			
33	If the organization didn't report an amount in o	column (c) fol	a type of property	rior which column (a) is che	cked,			
	describe in Part II.	the leature	tions for Form 200	<u> </u>	Schedule I	M /Eas:	, 000	2020
LHA	For Paperwork Reduction Act Notice, see	: ure mstruci		<i>)</i> .	Schedule i	AI ILOLU	1 33()	2022

Schedule M (Form 990) 2022 DBA HOMEAID ORANGE COUNTY, INC. Part II Supplemental Information. Provide the information required by Part I, lines 30b, is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information.	33-0568079 Page 2 32b, and 33, and whether the organization ed, or a combination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
CONTRIBUTIONS HAVE BEEN REPORTED BY THE FAIR MARKET	VALUE OF THE
DONATION.	

Schedule M (Form 990) 2022

232142 09-09-22

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

SHELTER PROVIDERS OF ORANGE COUNTY, INC. DBA HOMEAID ORANGE COUNTY, INC.

Employer identification number 33-0568079

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EXPERIENCING HOMELESSNESS AND LIVING ON THE STREETS. HOMEAID COLLECTS AND DISTRIBUTES CAREKIT ITEMS THROUGH VOLUNTEERS. ITEMS COLLECTED INCLUDE BLANKETS, CLOTHING, SHAMPOO, SOAP, TOOTHBRUSHES, WATER, FOOD AND RESOURCE CARDS. CAREKITS NOT ONLY MEET A DIRECT NEED, BUT ALSO LINK INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS TO A SERVICE PROVIDER WHO CAN OFFER HOUSING. FUNDS ARE ALSO BE USED TO GENERATE MORE HOMEAID CAREKITS THAT ARE DISTRIBUTED TO THE CHRONIC HOMELESS LIVING ON THE STREETS SO THEY HAVE ACCESS TO BASIC ITEMS NEEDED FOR SURVIVAL.

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

CAPITAL CAMPAIGN, PURCHASED A BUILDING, AND STARTED DEVELOPMENT.

HOUSING DEVELOPMENT PROJECTS INCLUDED FX PROJECT, FAMILY PROMISE
HOUSE OF RUTH, CITY OF SANTA ANA CARNEGIE CENTER, FAMILIES FORWARD
THE BUGALOWS, AND LA VETA VILLAGE, AS WELL AS THE FINAL MOVE-INS INTO

THE YALE NAVIGATION CENTER. THIS WORK INCLUDED THE ASSISTING WITH

IN-KIND DONATED SERVICES AND MATERIALS FROM BUILDERS AND CONTRACTORS.

FORM 990, PART VI, SECTION A, LINE 2:

LINE 2 EXPLANATION - BOARD OF DIRECTORS ARE REPRESENTATIVES OF THE BUILDING INDUSTRY AND MAY ON OCCASION HAVE BUSINESS RELATIONS.

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

LINE 6 EXPLANATION - THE SOLE MEMBER OF THIS CORPORATION (REFERRED TO IN

THESE BYLAWS AS THE "MEMBER") SHALL BE THE BUILDING INDUSTRY ASSOCIATION OF

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

SHELTER PROVIDERS OF ORANGE COUNTY, INC. **Employer identification number** Name of the organization 33-0568079 DBA HOMEAID ORANGE COUNTY, INC. SOUTHERN CALIFORNIA, INC., A CALIFORNIA NONPROFIT MUTUAL BENEFIT THE MEMBERSHIP OF THE MEMBER SHALL TERMINATE UPON THE CORPORATION. RESIGNATION OF THE MEMBER. THE MEMBER MAY NOT TRANSFER OR ASSIGN ITS MEMBERSHIP OR ANY MEMBERSHIP RIGHT, EXCEPT TO A SUBSIDIARY OR OTHER NON-PROFIT CORPORATION IN WHICH THE MEMBER HAS THE RIGHT TO ELECT A MAJORITY OF THE DIRECTORS. ALL RIGHTS OF MEMBERSHIP CEASE ON THE MEMBER'S DISSOLUTION. THE MEMBER SHALL NOT BE PERSONALLY LIABLE TO THE CORPORATION'S CREDITORS FOR ANY INDEBTEDNESS OR LIABILITY AND ANY AND ALL CREDITORS SHALL LOOK SOLELY TO THE ASSETS OF THE CORPORATION FOR PAYMENT. THE MEMBER SHALL NOT HAVE ANY LIABILITY TO THE CORPORATION FOR DUES OR

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

ASSESSMENTS.

ALL DIRECTORS WILL BE ELECTED BY A VOTE OF THE BOARD; PROVIDED, HOWEVER,

THAT THE MEMBER SHALL HAVE THE RIGHT AT ALL TIMES DURING THE TERM OF

HOMEAID ORANGE COUNTY TO APPOINT ONE (1) DIRECTOR, WHICH DIRECTOR MAY BE

REPLACED BY MEMBER AT ANY TIME, AND WHICH APPOINTMENT AND REPLACEMENT SHALL

BE MADE IN THE SOLE BUT REASONABLE DISCRETION OF THE MEMBER. DIRECTORS MAY

BE ELECTED AT ANY MEETING OF THE BOARD AT WHICH A QUORUM IS ESTABLISHED.

THE TERM OF EACH DIRECTOR CURRENTLY ON THE BOARD AS OF THE DATE OF THESE

BYLAWS IS SET FORTH ON THE SCHEDULE ATTACHED HERETO AS EXHIBIT A (THE

"CURRENT BOARD SCHEDULE"). EACH NEW DIRECTOR WILL STEP INTO A DESIGNATED

"DIRECTOR'S SLOT," WITH EACH DIRECTOR'S SLOT HAVING TWO TERMS OF THREE (3)

YEARS EACH, W WHICH INITIAL THREE (3) YEAR TERM SHALL BE SUBJECT TO

ADJUSTMENT AS SET FORTH IN THE NEXT SENTENCE. THE TERM OF EACH DIRECTOR'S

SLOT SHALL BEGIN ON THE DATE THAT THE BOARD APPROVES SUCH DIRECTOR IN

ACCORDANCE WITH THESE BYLAWS, AND SHALL EXPIRE AS FOLLOWS: (A) IF THE TERM

OF THE DIRECTOR'S SLOT COMMENCES ON OR BEFORE JUNE 30 OF A CALENDAR YEAR.

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Name of the organization SHELTER PROVIDERS OF ORANGE COUNTY, INC. Employer identification number DBA HOMEAID ORANGE COUNTY, INC. 33-0568079

THEN THE DIRECTOR'S SLOT SHALL EXPIRE ON DECEMBER 31 OF THE CALENDAR YEAR

THAT IS THREE YEARS THEREAFTER; AND (B) IF THE TERM OF THE DIRECTOR'S SLOT

COMMENCES FROM AND AFTER JUNE 30 OF A CALENDAR YEAR, THEN THE DIRECTOR'S

SLOT SHALL EXPIRE ON DECEMBER 31 OF THE CALENDAR YEAR THAT IS FOUR YEARS

THEREAFTER.

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

ALL DIRECTORS WILL BE ELECTED BY A VOTE OF THE BOARD; PROVIDED, HOWEVER, THAT THE MEMBER SHALL HAVE THE RIGHT AT ALL TIMES DURING THE TERM OF HOMEAID ORANGE COUNTY TO APPOINT ONE (1) DIRECTOR, WHICH DIRECTOR MAY BE REPLACED BY MEMBER AT ANY TIME, AND WHICH APPOINTMENT AND REPLACEMENT SHALL BE MADE IN THE SOLE BUT REASONABLE DISCRETION OF THE MEMBER. DIRECTORS MAY BE ELECTED AT ANY MEETING OF THE BOARD AT WHICH A QUORUM IS ESTABLISHED. THE TERM OF EACH DIRECTOR CURRENTLY ON THE BOARD AS OF THE DATE OF THESE BYLAWS IS SET FORTH ON THE SCHEDULE ATTACHED HERETO AS EXHIBIT A (THE "CURRENT BOARD SCHEDULE"). EACH NEW DIRECTOR WILL STEP INTO A DESIGNATED "DIRECTOR'S SLOT," WITH EACH DIRECTOR'S SLOT HAVING TWO TERMS OF THREE (3) YEARS EACH, W WHICH INITIAL THREE (3) YEAR TERM SHALL BE SUBJECT TO ADJUSTMENT AS SET FORTH IN THE NEXT SENTENCE. THE TERM OF EACH DIRECTOR'S SLOT SHALL BEGIN ON THE DATE THAT THE BOARD APPROVES SUCH DIRECTOR IN ACCORDANCE WITH THESE BYLAWS, AND SHALL EXPIRE AS FOLLOWS: (A) IF THE TERM OF THE DIRECTOR'S SLOT COMMENCES ON OR BEFORE JUNE 30 OF A CALENDAR YEAR, THEN THE DIRECTOR'S SLOT SHALL EXPIRE ON DECEMBER 31 OF THE CALENDAR YEAR THAT IS THREE YEARS THEREAFTER; AND (B) IF THE TERM OF THE DIRECTOR'S SLOT COMMENCES FROM AND AFTER JUNE 30 OF A CALENDAR YEAR, THEN THE DIRECTOR'S SLOT SHALL EXPIRE ON DECEMBER 31 OF THE CALENDAR YEAR THAT IS FOUR YEARS THEREAFTER.

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Name of the organization SHELTER PROVIDERS OF ORANGE COUNTY, INC.

DBA HOMEAID ORANGE COUNTY, INC.

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

LINE 11B EXPLANATION - THE AUDIT COMMITTEE, EXECUTIVE DIRECTOR, TREASURER AND BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE FORM 990 BEFORE FILING.

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

THE ORGANIZATION HAS AN ACKNOWLEDGE AND DISCLOSURE FORM THAT IS SIGNED BY MEMBERS OF THE BOARD, OFFICERS, AND KEY EMPLOYEES. DUE TO THE NATURE OF HOME AID OF ORANGE COUNTY'S BUSINESS MODEL OF LEVERAGING THE CONSTRUCTION INDUSTRY TO LOWER OUR PROJECT EXPENSES VIA IN-KIND AND DISCOUNTS, CONFLICTS ARISE. HAOC ACTIVELY MONITORS THESE CONFLICTS, OR POTENTIAL CONFLICTS. MONITORING IS PERFORMED REGULARLY BY THE EXECUTIVE DIRECTOR AN EXECUTIVE COMMITTEE TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS. THE BOARD MEMBERS, WITH THE SUPPORT OF THE EXECUTED DIRECTOR, WILL IDENTIFY THE CONFLICT AND THE NECESSARY PERSON(S) WILL RECUSE THEMSELVES FROM THE CONVERSATION/DISCUSSION, AND ULTIMATELY A VOTE IF REQUIRED.

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

THE BOARD OF DIRECTORS DECIDES THE EXECUTIVE DIRECTOR'S COMPENSATION

ANNUALLY BY REVIEWING OTHER LOCAL NON-PROFIT EXECUTIVE DIRECTOR'S

COMPENSATION PACKAGE.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022

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Name of the organization SHELTER PROVIDERS OF ORANGE COUNTY, INC. DBA HOMEAID ORANGE COUNTY, INC.	Employer identification number 33-0568079
FORM 990, PART VI, SECTION C, LINE 18:	
VARIOUS OTHER NON-PROFIT MONITORING AND RATING WEBSITE(S)	AND PLATFORMS
(BEVEVITY, META, CANDID, CHARITY NAVIGATOR, ETC.)	
FORM 990, PART VI, SECTION C, LINE 19:	
DONOR PRIVACY POLICY, BOARD MEMBERS, AUDITED FINANCIALS, E	FORM 990 AND KEY
STAFF ARE AVAILABLE ON HOMEAID ORANGE COUNTY'S WEBSITE - W	WWW.HOMEAIDOC.ORG.
OTHER GOVERNING DOCUMENTS - BY-LAWS, CONFLICT OF INTEREST	POLICY, ETC. ARE
AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
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