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 Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	2022 calendar year, or tax year beginning	and	ending		
B c	heck if oplicable	C Name of organization			D Employer identific	cation number
	Addres	SHELTER TECH				
	Name change	Doing business as			38-39840	99
	Initial return Final return/	Number and street (or P.O. box if mail is not deliver 268 BUSH STREET #4302	ered to street address)	Room/suite	E Telephone numbe (408) 40	
	termin- ated		IP or foreign postal code		G Gross receipts \$	322,993.
	Ameno				H(a) Is this a group re	
	Application		IAM SOWARD		for subordinates	
	pendin	9 268 BUSH STREET #4302, SA	AN FRANCISCO, C	A 94	H(b) Are all subordinates in	
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ()			1	list. See instructions
J۷	Vebsit	e: WWW.SHELTERTECH.ORG			H(c) Group exemptio	n number
K F	orm of	organization: X Corporation Trust Asso	ociation Other	L Year	of formation: 2016 N	M State of legal domicile: CA
	rt I	Summary				
ce		Briefly describe the organization's mission or most si SUPPORT THE UNDERSERVED COI				
Governance			inued its operations or dispos			
ver	3	Number of voting members of the governing body (P	art VI, line 1a)		3	12
		Number of independent voting members of the gove	. , , , , , , , , , , , , , , , , , , ,			6
ۆ ئ		Total number of individuals employed in calendar yea				3
Activities		Total number of volunteers (estimate if necessary)				300
cţì		Total unrelated business revenue from Part VIII, colu				0.
⋖		Net unrelated business taxable income from Form 99				0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			230,391.	322,993.
	9	Program service revenue (Part VIII, line 2g)			0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, a	ınd 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Pa	art VIII, column (A), line 12)		230,391.	322,993.
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A),	line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Pa			0.	153,023.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)	<u> </u>	0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 2	· —			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			141,193.	158,145.
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		141,193.	311,168.
		Revenue less expenses. Subtract line 18 from line 12	2		89,198.	11,825.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sset 3alau	20	Total assets (Part X, line 16)			157,923.	169,748.
at A	21	Total liabilities (Part X, line 26)			0.	0.
		Net assets or fund balances. Subtract line 21 from lin	ne 20		157,923.	169,748.
	rt II	Signature Block				
		Ities of perjury, I declare that I have examined this return, in			•	/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wr	iich preparer	nas any knowledge.	
		Signature of officer			I Date	
Sigr		_	DIDECEOD		Date	
Her	е	WILLIAM SOWARD, EXECUTIVE I	DIRECTOR			
		Type or print name and title		l r	Date Check C	PTIN
D. · ·			Preparer's signature		;, ∟	
Paid			RACY TEALE	1	1/15/23 self-employ	
Prep		Firm's name APRIO, LLP	TTTT 200		Firm's EIN 5	7-1157523
Use	UIIIY	Firm's address 150 POST STREET, SI			Dk 11	5_777_1100
N 4	. Ale - 17	SAN FRANCISCO, CA			Phone no. 4 1	5-777-4488 X Ves No.
ハイコン	THA IL	CISCUSE THIS PATILITY WITH THE DYADARAY SHOWN SHOWS	A SAA INSTRUCTIONS			IVIA I VOC I IVIV

Enrich describe the organization's mission: SHELTERTECH IS SOLVING THE BIGGEST TECHNOLOGY CHALLENGES FACED BY THOSE EXPERIENCING HOMBLESSNESS Did the organization undertale any significant program services during the year which were not listed on the prior form 900 of 900-E2? If "Yes," describe these new services on Schedule O. By "Yes," describe these new services on Schedule O. By "Yes," describe these new services on Schedule O. By "Yes," describe these new services on Schedule O. Beeniche the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(x)3) and 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)3) and 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and reveruse, damy for seach program service seporate. Section 501(x)3) and 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and reveruse, damy for seach program service seporate. Section 501(x)3) and 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)3) and 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)3) and 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)3) and 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(x)40 organizations are required to report the amount of grants and allocations to others, t	Pai	Check if Schedule O contains a response or note to any line in this Part III
SHELTERTECH IS SOLVING THE BIGGEST TECHNOLOGY CHALLENGES FACED BY THOSE EXPERIENCING HOMELESSNESS Did the organization undertake any significant program services during the year which were not listed on the prior form 930 or 930 ct? If 'ves,' describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If 'ves,' 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(gl) and 501(gl) agreatizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service exported. Coace (Incapacity 1134, 265c. Including years of 1134, 265c. Incl		
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Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-027. Yes X No in Yes, 'Genotic three new services on Schedule O.		
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	40	
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Form 990 (2022) SHELTER TECH Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
D	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the United Otelson	14a		X
		144		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Par	990 (2022) SHELTER TECH 38 – 398 (2022) SHELTER TECH 38 – 398 (2022) The checklist of Required Schedules (continued)	4099	Р	age 4
I al	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22		22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	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		
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	0.7		X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		~
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	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	04		~
^-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
	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			v
	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?		37	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V		 I .	<u> </u>
_		^	Yes	No
	Enter the Hamber of Femilia W Za included of line fat. Enter of infloor applicable	<u>0</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u> 1c</u>	X	(0055)
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Form 990 (2022) SHELTER TECH
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 38-3984099 Page **5**

					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	2a	3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
За	D. I.			За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	its (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).					37		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X		
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs req	uired	l _		v		
	to file Form 8282?	 I 🚤 .	 T	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		rt?	7e 7f				
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g				
	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 							
8								
Ū		•		8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the arranging against in making making and to add distributions and a continue 40000			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		1					
	Gross income from members or shareholders	11a		4				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b	•					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	1	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-				
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a				
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
b	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c	1	1				
14a			1	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivitie	S					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 12			
	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 1b 6			
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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				
	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	Х	
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		Х
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	Х	
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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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			
	THE ORGANIZATION - (408) 212-1565			
	268 BUSH STREET, #4302, SAN FRANCISCO, CA 94104			

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

Check this box if neither the organization		orga	niza			nper	ısat			
(A)	(B)		(C) Position (do not check more than one box, unless person is both an		(D)	(E)	(F)			
Name and title	Average				k more than one			Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week (list any	.o.					Ĺ	from the	from related organizations	other compensation
	hours for	direct				Į,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	·	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MELISSA KING	line)	Pul	l s	#0	, Ke	E E	For			
(1) MELISSA KING CO - EXECUTIVE DIRECTOR	25.00	Х		х				57,151.	0.	0.
(2) HICHAM SABIR	1.00	^		^		<u> </u>		37,131.	0.	0.
PRESIDENT	1.00	Х		Х				0.	0.	0.
(3) DEREK FIDLER	1.00	25				\vdash		† ·	•	•
SECRETARY	1100	х		x				0.	0.	0.
(4) JOE FREUND	5.00					\vdash				
DIRECTOR		Х		х				0.	0.	0.
(5) WILLIAM SOWARD	10.00									
CO - EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.
(6) RICHARD XIA	5.00									
DIRECTOR		Х						0.	0.	0.
(7) ANNALISA ADAMS-QUALTIERE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TERRANCE ANDERSON, JR.	1.00									
DIRECTOR		Х				_		0.	0.	0.
(9) AMY (KIMURA) SCHOEMEHL	1.00									_
DIRECTOR		Х				_		0.	0.	0.
(10) ROUCHEN HUANG	5.00									•
DIRECTOR	1 00	Х				_		0.	0.	0.
(11) PHIL CHU	1.00	х								0
01RECTOR (12) LELAND GAROFALO	5.00	Λ				┢		0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
DIRECTOR		Λ				\vdash		· ·	0.	0.
		1								
						\vdash				
		1								
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		1								
										000

Form 990 (2022) SHELTER TECH

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

(C) (D) (E) 38-3984099 Page 8

	(A) Name and title	(B) Average hours per week	box	not c	Posi heck i	more son i	than o s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensations compensations from the				
			•												
	Subtotal								57,151.	0 .			0.		
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 57,151.	0.			0.		
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		,	0		
3	Did the organization list any former officer,											Yes	No		
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization	3		X		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	4		X		
	rendered to the organization? If "Yes," com tion B. Independent Contractors	-									5		X		
1	Complete this table for your five highest conthe organization. Report compensation for the	· ·	-						the organization's tax y	· · · · · · · · · · · · · · · · · · ·					
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services		C) ensatio	<u>n</u>		
								\dashv							
2	Total number of independent contractors (in	•	ot lin	nited	d to 1	_		ted	above) who received me	ore than					
	\$100,000 of compensation from the organiz	zation)				Form	990 (2022)		

Form	1990) (2	2022) SHELTER TECH				38-3984	099 Page 9
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S (0	4	_	Federated campaigns 1a					000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
ng o			Fundraising events 1c					
fts, Ar								
ig ig				229,819.				
ns, Sir			, , , , , , , , , , , , , , , , , , ,	227,017.				
utio		T	All other contributions, gifts, grants, and	93,174.				
eri Otto		_	similar amounts not included above 1f	JJ, 174.				
no:		_	Noncash contributions included in lines 1a-1f		322,993.			
O a		n	Total. Add lines 1a-1f	Business Code	322,333.			
	_	_		Busiliess Code				
ice	2							
erv ue		b						
m S		C						
gra Be		d						
Program Service Revenue		e						
ъ.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)					
	4		Income from investment of tax-exempt bond	•				
	5		Royalties(i) Real	(ii) Personal				
				(II) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	(ii) Othor				
	7	а	aroos amount from saise of	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
evenue			and sales expenses 7b Gain or (loss) 7c					
eve								
r R			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			· · · · · · · · · · · · · · · · · · ·	la				
				b				
			Net income or (loss) from fundraising events					
	9	d	Gross income from gaming activities. See	a				
		L	· · · · · · · · · · · · · · · · · · ·	lb				
			Less: direct expenses Net income or (loss) from gaming activities	וטי				
	10	a	Gross sales of inventory, less returns					
		L		Da Db				
			•	•				
		C	Net income or (loss) from sales of inventory	Business Code				
Sn	44	_						
eo ue	11					1	 	
Miscellaneous Revenue		b	-					
Sce		۲ C	All other revenue					
Ξ			All other revenue					
		e	Total Add lines 11a-11d		322,993.	0.	0.	0.
	12		Total revenue. See instructions		J 4 4 , 3 3 3 3 •	<u> </u>	<u>U•</u>	U •

Form 990 (2022) SHELTER TECH Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4-4	40.00-		
	trustees, and key employees	57,151.	40,005.	8,573.	8,573.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	00 075	00 001	4.45	4.4.5
7	Other salaries and wages	90,975.	90,081.	447.	447.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 007	4 201	200	200
10	Payroll taxes	4,897.	4,301.	298.	298.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,676.		1,676.	
c C	Accounting	1,070.		1,070.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	106,008.	106,008.		
12	Advertising and promotion	11,212.	2,172.	9,040.	
13	Office expenses	-			
14	Information technology	30,026.	30,026.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) COMMUNITY REPRESENTATIV	7,598.	7,598.		
a b	OTHER OPERATING EXPENSE	1,625.	,,550•	1,625.	
c		2,0201		2,0201	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	311,168.	280,191.	21,659.	9,318.
26	Joint costs. Complete this line only if the organization	•	•	-	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

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Form 990 (2022)

Part X | Balance Sheet

SHELTER TECH

Check if Schedule O contains a response or note to any line in this Part X	
Beginning of year	
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 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 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicity 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) 157, 923 · 16 169, 74 17 Accounts payable and accrued expenses 19 Deferred revenue	
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 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 10a Less: accumulated depreciation 10b 10c 11 Investments - publicity traded securities 11 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 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 157, 923 • 16 169, 74 17 Accounts payable and accrued expenses 19 Deferred revenue	8.
3	
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 10b 11 Investments - publicly traded securities 11 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 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 157, 923. 16 169,74 17 Accounts payable and accrued expenses 19 19	
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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 10b Less: accumulated depreciation 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) 157, 923 • 16 169, 74 17 Accounts payable and accrued expenses 19 Deferred revenue	
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17Accounts payable and accrued expenses1718Grants payable1819Deferred revenue19	8.
18 Grants payable 18 19 Deferred revenue 19	
19 Deferred revenue 19	
25 147 576 145 145 145 145 145 145 145 145 145 145	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
20. Leans and other payables to any aurent or former officer, director	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 26 27 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	
controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D	
	0.
Organizations that follow FASB ASC 958, check here	
E 27 Net assets without donor restrictions 157,923. 27 169,74	8.
28 Net assets with donor restrictions 28	
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	
30 Paid-in or capital surplus, or land, building, or equipment fund	
31 Retained earnings, endowment, accumulated income, or other funds 31	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 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 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 157,923. 27 169,74	8.
33 Total liabilities and net assets/fund balances 157,923. 33 169,74	8.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	7,9	23.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	9,7	48.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.				
За	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?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225		
			Form	990	(2022)	

SCHEDULE A

(Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SHELTER TECH

Employer identification number 38 – 3984099

Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	H	A medical research organiz					-	the hospital's name
7		city, and state:	anon operated in con	njanotion with a noophal	GCCCTIDGG	000110	11 17 0(B)(1)(A)(III)1 2 1101	the hoopital o haine,
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
3	ш							
_		section 170(b)(1)(A)(iv). (Complete Part II.)						
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					1.0 1 9 1	
7	ш	An organization that norma	-	ntial part of its support if	om a gove	ernmentai	unit or from the general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	•	(A)(A)(A) (A) (A) (A)				
8	\vdash	A community trust describe			•			
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10	X	An organization that norma						
		activities related to its exen		•	` '		• •	· ·
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	\vdash	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
	_	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
á	ı L		anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.				ıpporting		
k	,	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having					ring	
		control or management of the supporting organization vested in the same persons that control or manage the supported						
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.	
C	i 🗀		/ integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	veness .
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
6	, L	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.		
1	Ente	er the number of supported o	organizations					
		vide the following information			(iv) Is the orga	mization lieted		
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	al							
							ı	1

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.)

	tion A. Public Support						
Cale	ndar 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	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						
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)						
_	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	Τ	Γ			1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		`			40	
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
Sec	organization, check this box and storetion C. Computation of Publi						
	Public support percentage for 2022 (I	• • • • • • • • • • • • • • • • • • • •		column (fl)		14	%
	Public support percentage from 2021		•	***		15	%
	33 1/3% support test - 2022. If the o						•
100	stop here. The organization qualifies					more, ericeix triis bo	
h	33 1/3% support test - 2021. If the control of the		-				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
a	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			=		_	
h	10% -facts-and-circumstances test	-				 17a. and line 15 is	
J	more, and if the organization meets the	ū				•	. 5,0 0.
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		;
				, , ,	,		(Form 990) 2022

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

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

Sed	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.")	117,706.	108,862.	190,914.	230,391.	322,993.	970,866.
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	117,706.	108,862.	190,914.	230,391.	322,993.	970,866.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						970,866.
Sec	ction B. Total Support	_					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	117,706.	108,862.	190,914.	230,391.	322,993.	970,866.
10a	dross 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						
	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.)	117,706.	108,862.	190,914.	230,391.	322,993.	970,866.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage			T	
	Public support percentage for 2022 (li		•	olumn (f))			100.00 %
	Public support percentage from 2021					16	100.00 %
	ction D. Computation of Inves						
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						v
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation If the organization	n did not abook a k	ooy on line 14, 10c	or 10h abaak th	is how and ass incl	ruotiono	

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		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	e		
	6		
	7		
	7		
	8		
	3		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
_	Λ /Γονν	~ 000	2022

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Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		V	
	Did the consequence had a manch one of the consequence had a sefficient setting in the interference of the consequence of the c		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	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. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	19)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	unization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		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	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	SVIGO GOLANS III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
•	(provide details in Part VI). See instructions.	io organization to responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line o amount	(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	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				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	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				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3				
'	•				
	and 4c. Breakdown of line 7:				
8					
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>e</u>	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHELTER TECH

Employer identification number 38-3984099

511111111111111111111111111111111111111
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HOUSING INSECURITY THROUGH WI-FI CONNECTIVITY AND ACCESS TO ONLINE
RESOURCES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TOP SEARCHES, TOP PAGES, AND REPORTS BACK TO MOHOD ON THESE METRICS.
THESE INSIGHTS HELP THE AGENCY IMPROVE DELIVERY AND UTILIZATION OF
SERVICES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
NIGHT.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
A PROGRAM WITH CODE TENDERLOIN WHERE ST COMMUNITY REPS PARTICIPATE IN
PERIODIC STREET OUTREACH EVENTS WHERE THEY HELP DISTRIBUTE MATERIALS
(FOOD, MASKS, HYGIENE KITS) AND INFORMATION TO PEOPLE IN NEED WHILE
ALSO BUILDING AWARENESS OF SFSG.
FORM 990, PART VI, SECTION B, LINE 11B:
THE RETURN IS REVIEWED BY THE BOARD BEFORE SUBMITTING TO THE IRS.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.

2022.05000 SHELTER TECH

232211 10-28-22

Schedule O (Form 990) 2022

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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** SHELTER TECH 38-3984099 FORM 990, PART IX, LINE 11G, OTHER FEES: **CONTRACTORS:** 106,008. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 106,008. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 106,008.

2022.05000 SHELTER TECH