			** PUBLIC DISCLOSURE COP		_	OMB No. 1545 0047
_	0	ON	Return of Organization Exempt F			OMB No. 1545-0047
For (Rev		JU Juary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (			<b>ZU 19</b>
Depa	rtment	of the Treasury	<ul> <li>Do not enter social security numbers on this form a</li> <li>Go to www.irs.gov/Form990 for instructions and</li> </ul>	-		Open to Public Inspection
		enue Service		ending	intormation.	mapeedion
	heck if		f organization	Jiranig	D Employer identificat	ion number
a	pplicab	la.	PRING VILLA WOMEN & CHILDREN'S			
	Addr	ge SHEL	TER, INC.			
	Name Chan	ge Doing b	usiness as		73-1474319	
	Initia	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		OX 1588		918-245-40	
_	termi ated ⊐Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,542,357.
	return Appli	J SAND	SPRINGS, OK 74063-1588		H(a) Is this a group retur	
	tion pend		nd address of principal officer: WILMA LIVELY		for subordinates?	
			AS C ABOVE		H(b) Are all subordinates includ	
		empt status:	X 501(c)(3) 501(c)( ) ◀ (insert no.) 9447(a)(1) or DAYSPRINGVILLA.COM	r 🔄 527	- '	
			X Corporation Trust Association Other ►	I Voor	<b>H(c)</b> Group exemption n of formation: <b>1995</b> M S	
	art I					
	1		e the organization's mission or most significant activities: ${ m TO}~{ m PR}$	OVIDE	PHYSICAL, EM	OTTONAL.
Se	.		LIKE CARE TO ENABLE WOMEN AND THEIF			• • • • • • • • •
Governance	2		x 🕨 🔲 if the organization discontinued its operations or dispose			i.
ver	3				3	13
ğ	4		lependent voting members of the governing body (Part VI, line 1b)			13
8 8	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		5	26
vitie	6	Total number	of volunteers (estimate if necessary)			2264
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			64,667.
_	b	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>		22,225.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		909,010.	1,105,212.
Revenue	9		ce revenue (Part VIII, line 2g)		0. 61,312.	0. 107,108.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		71,716.	140,189.
	11		<ul> <li>Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</li> <li>add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li> </ul>		1,042,038.	1,352,509.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salariaa atha	componentian, ampleuse benefits (Part IV, column (A), lines 5.10)		665,748.	741,311.
Ise	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	and raising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>151,34</u>	2.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		468,471.	489,720.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,134,219.	1,231,031.
	19	Revenue less	expenses. Subtract line 18 from line 12		-92,181.	121,478.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
ssets	20	Total assets (F			3,537,731.	3,867,921.
at As	21		(Part X, line 26)		11,825.	28,557.
ž	22		fund balances. Subtract line 21 from line 20		3,525,906.	3,839,364.
	art II			and states	nto and to the back of and	
			I declare that I have examined this return, including accompanying schedules a			owiedge and belief, it is
u ue,	corre	iot, and complete	Declaration of preparer (other than officer) is based on all information of which	un preparer	nas any knowledge.	

Sign	Signature of officer		Date
Here	RON LUNDIN, TREASURER		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	W. LYNDEL LACKEY	W. LYNDEL LACKEY	11/13/20 self-employed P00234298
Preparer	Firm's name <b>HOGANTAYLOR LLP</b>		Firm's EIN ▶ 73-1413977
Use Only	Firm's address 1225 N BROADWAY	AVENUE, SUITE 200	
	OKLAHOMA CITY, C	DK 73103	Phone no. $405 - 848 - 2020$
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes 🗌 No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form <b>990</b> (2019

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	DAYSPRING VILLA WOMEN & CHILDREN'S
	990 (2019) SHELTER, INC. 73-1474319 Page 2
Pa	T III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE PHYSICAL, EMOTIONAL, CHRIST-LIKE CARE TO ENABLE WOMEN AND
	THEIR CHILDREN TO LIVE GOD-HONORING LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$712,149. including grants of \$) (Revenue \$26,533. )
	DAYSPRING VILLA IS ONE OF ONLY TWO CERTIFIED SHELTERS FOR BATTERED AND
	SEXUALLY ASSAULTED ADULTS AND THEIR CHILDREN IN THE TULSA METRO AREA,
	AND THE ONLY FAITH-BASED CERTIFIED DOMESTIC VIOLENCE SHELTER IN THE
	STATE OF OKLAHOMA. IN APRIL 2012 DAYSPRING VILLA BECAME THE FIRST
	SHELTER IN OKLAHOMA TO BE CERTIFIED TO HELP ADULT VICTIMS OF HUMAN SEX
	TRAFFICKING. THROUGH SPIRITUAL GUIDANCE, ADVOCACY AND SUPPORT, SOCIAL
	SERVICES AND GOAL-BASED PROGRAMS, DAYSPRING VILLA HELPS ADULTS IN
	CRISIS TRANSFORM THEIR LIVES TO EMERGE STRONG, INDEPENDENT, AND
	SELF-SUFFICIENT. DAYSPRING VILLA PROVIDES FOOD, SHELTER, CLOTHING,
	TRANSPROTATION, AND VITAL LIFE TOOLS FOR AS MANY AS 66 ADULTS AND THEIR
	CHILDREN AT ONE TIME.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
10	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 712,149.

73-1474319	Page 3
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Form	990 (2019) SHELTER, INC. 73-1474	319	P	age <b>3</b>
Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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
			000	

Form	<u>990 (2019)</u> SHELTER, INC. 73-147	<u>4319</u>	P	age <b>4</b>
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	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			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U		24c		
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ŭ		28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		20		х
	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			37
	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	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		1.00		
	Chack if Schedule O contains a response or pate to any line in this Part V			
			Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	n 🗖	162	
-				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С		4 -	х	
	(gambling) winnings to prize winners?	1c	Δ	

SHELTER. INC.

DAYSPRING V	VILLA	WOMEN	&	CHILDREN'	' S
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Form	990 (2019) SHELTER, INC. 73-1474	319	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	44-		X
14a	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? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
16	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form 990 (2019) SHELTER, INC.

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 13			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
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		Х
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		х
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 $\blacktriangleright$ OK			
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)	availal	ble
	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			
	RON LUNDIN - (918) 245-4075			
	P.O. BOX 1588, SAND SPRINGS, OK 74063-1588			

YSPRING VILLA WOMEN & CHILDREN';	[';	'	'	'	'	'			ļ	ļ	ļ		ļ	ļ	'	'			Ì	Ì		Ì		Ì	Ì	Ì	Ì											Ì	i	ſ	Į	Ņ	Ľ	l		ŝ	4		2	ſ	I	)	J	1	]	_		I	F	I	, ,	2	2	C	(	1			2	Ì.	δ	ł		I	N	ľ	1	ł	1	M	l	)]	)	2	C	(	Į	N	V			7	ł	Δ	ľ	I	ı,		ſ	]	ı.	J	J	L
SPRING VILLA WOMEN & CHILDREN'	[';	'	'	'	'	'			ļ	ļ	ļ		ļ	ļ	'	'			Ì	Ì		Ì		Ì	Ì	Ì	Ì											Ì	i	ſ	Į	Ņ	Ľ	l		ŝ	4		2	ſ	I	)	J	1	]	_		I	F	I	, ,	2	2	C	(	1			2	Ì.	δ	ł		I	N	ľ	1	ł	1	M	l	)]	)	2	C	(	Į	N	V			7	ł	Δ	ľ	I	ı,		ſ	]	ı.	J	J	L

SHELTER, INC.

Form 990 (2		SHELTER,					73-14
Part VII	Compensation	of Officers, I	Directors,	Trustees, I	Key Employees,	Highest Compension	sated
	Employees, an	d Independer	nt Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not o	Pos	itior	<b>l</b> than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		æ	bensi		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) BOB GREEN	5.00	-	<u> </u>	0	×	Ξω	<u>ц</u>			
PRESIDENT		х		x				0.	0.	0.
(2) PATTY ECK	5.00									
VICE PRESIDENT		х		X				0.	0.	Ο.
(3) RON LUNDIN	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) SARAH COCOLIN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(5) BILL COODY	3.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LEEANN LEWIS	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MARLENE WEST	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) PAM BROCK	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) RADHIKA AUSSIEKER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DR. RAY EARLEY	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) TAYLOR SMITH	3.00									
BOARD MEMBER		Х						0.	0.	0.
(12) REV. LEE HERRING	3.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JUDY WHITE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(14) SUSAN COX	45.00									
EXECUTIVE DIRECTOR				X				68,785.	0.	10,903.
			-			-				
		1								
										000

	RING VILLA ER, INC.	WO	ME	N	&	СН	II	LDREN'S	73-1	171 <sup>.</sup>	210	-	age <b>8</b>
	,			0.00		aboo	+ 0	Companyated Employee		<u>±/4</u> ,	513	P	age <b>U</b>
		bioye	es,			gnes	st C		, ,	<u> </u>		(5)	
(A)	(B) Average			Pos	<b>C)</b> ition	1		(D)	(E)		-	(F)	1
Name and title	hours per		not c	heck	more	than c		Reportable	Reportable			timate	
	week					s both r/trust		compensation from	compensatio			nount other	
	(list any	tor						the	organization			pensa	
	hours for	Individual trustee or director				P		organization	(W-2/1099-MI			om th	
	related	se or	stee			nsate		(W-2/1099-MISC)	()	,		anizat	
	organizations	truste	al tru		yee	mper		(				d relat	
	below	idual	Institutional trustee	5	mplo	est co oyee	er				orga	anizati	ions
	line)	Indiv	In stit	Officer	Key employee	Highest compensated employee	Former				-		
		-											
1b Subtotal		1 1						68,785.		0.	1	0 9	03.
								0.		0.	-	<u> </u>	0.
c Total from continuation sheets to								68,785.		0.	1	0 0	03.
	<u></u>					·····		1				0,9	05.
2 Total number of individuals (includin		ose I	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	9			^
compensation from the organization												V.	0
										ſ		Yes	No
<b>3</b> Did the organization list any <b>former</b>	officer, director, trust	ee, k	ey e	empl	oyee	e, or	hig	phest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule	J for such individual										3		X
4 For any individual listed on line 1a, is	s the sum of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	he organization				
and related organizations greater that	an \$150,000? If "Yes,	" cor	mple	ete S	Sche	dule	e J f	for such individual			4		X
5 Did any person listed on line 1a rece													
rendered to the organization? If "Yes	s." complete Schedule	e J fo	or sı	ich i	bers	on .		-			5		X
Section B. Independent Contractors													
1 Complete this table for your five high	nest compensated inc	leper	nder	nt co	ontra	actor	rs th	hat received more than \$	100,000 of com	pensat	ion fro	om	
the organization. Report compensat													
	(A)							(B)			(0	2)	
	usiness address	NC	NF	3				Description of s	ervices	С	ompe		n
							_						
							_						
2 Total number of independent contra	ctors (including but n	ot lim	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100.000 of compensation from the	organization				C	)							

DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC.

Ра	rτv							
			Check if Schedule O contains a response	or note to any lin		(D)	(0)	
						(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
t t	1	а	Federated campaigns 1a					
un.			Membership dues 1b		]			
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events 1c		]			
ifts ar A			Related organizations 1d		1			
niG Bil			Government grants (contributions) <b>1e</b>					
Sir			All other contributions, gifts, grants, and					
her				105,212.				
0 trib		a	Noncash contributions included in lines 1a-1f		1			
no'i			Total. Add lines 1a-1f	<b>&gt;</b>	1,105,212.			
0.0				Business Code				
	_	_		Dusiness Odde				
ice	2							
er v		b						
n S /en		с						
Bei		d						
Program Service Revenue		e						
-			All other program service revenue					
	3	y	Total. Add lines 2a-2f Investment income (including dividends, intere					
	3		other similar amounts)		51,724.			51,724.
	4		Income from investment of tax-exempt bond p		51//210			51,7210
	5		Royalties	•				
	5		(i) Real	(ii) Personal				
	6	2		(				
			Gross rents <u>6a</u> Less: rental expenses <b>6b</b>					
			Rental income or (loss) 6c		1			
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
		-	assets other than inventory <b>7a</b> 230, 405.	600.	1			
		b	Less: cost or other basis					
ē			and sales expenses	0.				
ent		с	Gain or (loss)	600.	1			
Revenue		d	Net gain or (loss)		55,384.			55,384.
P			Gross income from fundraising events (not					
ŧ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a	63,216.				
		b	Less: direct expenses 8b	14,227.	]			
		с	Net income or (loss) from fundraising events		48,989.			48,989.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	78,231.				
		b	Less: cost of goods sold 10k	0.				
		с	Net income or (loss) from sales of inventory	🕨	78,231.	26,525.	51,706.	
s				Business Code			10.011	
Miscellaneous Revenue	11		PTP INCOME	525990	12,961.		12,961.	
lant		b	MISCELLANEOUS REVENUE	900099	8.	8.		
Sev		С						
Mis			All other revenue	L				
		e	Total. Add lines 11a-11d	····· <b>Þ</b>	<u>12,969.</u> 1,352,509.	26,533.	61 667	156,097.
	12		Total revenue. See instructions	🏲	н, JJZ, DU9.	1 20,000.	04,00/•	1 10,03/.

Form 990 (2019)

ectior	IX Statement of Functional Expense a 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A)	
001101	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> G	Grants and other assistance to domestic organizations		·		·
а	nd domestic governments. See Part IV, line 21				
2 0	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
<b>3</b> (	Grants and other assistance to foreign				
C	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
<b>4</b> E	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	79,688.	23,906.	39,844.	15,93
<b>6</b> 0	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7 0	Other salaries and wages	539,538.	381,556.	110,540.	47,44
<b>B</b> P	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits	68,756.	48,822.	12,999.	<u>6,93</u> 5,32
) F	Payroll taxes	53,329.	35,452.	12,552.	5,32
1 F	ees for services (nonemployees):				
a۱	Management				
b L	_egal				
c A	Accounting	20,242.		20,242.	
d L	_obbying				
e P	Professional fundraising services. See Part IV, line 17				
f Ir	nvestment management fees				
g C	Other. (If line 11g amount exceeds 10% of line 25,				
С	olumn (A) amount, list line 11g expenses on Sch O.)				
2 A	Advertising and promotion	55,396.		2,758.	52,63
3	Office expenses	46,090.	4,589.	25,537.	15,96
l II	nformation technology	9,209.		9,209.	
5 F	Royalties				
<b>;</b> (	Decupancy	92,014.	44,040.	41,924.	6,05
<b>7</b> T	ravel	7,873.	5,351.	2,201.	32
3 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
) (	Conferences, conventions, and meetings				
) Ir	nterest				
I F	Payments to affiliates				
	Depreciation, depletion, and amortization	90,527.	90,527.		
l Ir	nsurance	55,950.	13,628.	42,322.	
a li	Other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	FOOD	20,578.	19,127.	1,160.	29
_	CONSIGNMENT PAYOUT	17,242.		17,242.	
_	REPAIRS AND MAINTENANCE	13,759.	9,957.	3,802.	
_	FEES	7,280.		7,280.	
_	All other expenses	53,560.	35,194.	17,928.	43
	otal functional expenses. Add lines 1 through 24e	1,231,031.	712,149.	367,540.	151,34
	oint costs. Complete this line only if the organization	_,,000	,		
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here Filling in and rundratising solitication.				

DAYSPRING	VILLA	WOMEN	&	CHILDREN'S
SHELTER,	INC.			

	t X	2019) SHELTER, INC. Balance Sheet			1474319 Page
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	156,776.	1	265,491
	2	Savings and temporary cash investments	12,362.	2	84,165
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	768.	4	768
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,000.	8	5,00
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,583,723.			
	b	Less: accumulated depreciation 10b 947,849.	1,633,716.	10c	1,635,87
	11	Investments - publicly traded securities	1,729,109.	11	1,876,62
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,537,731.	16	3,867,92
	17	Accounts payable and accrued expenses	11,825.	17	28,55
	18	Grants payable	<b>,</b>	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	
	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		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,825.	26	28,55
	20	Organizations that follow FASB ASC 958, check here X	11/0101	20	
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,416,274.	27	2,545,20
	28	Net assets with donor restrictions	1,109,632.	28	1,294,15
	20	Organizations that do not follow FASB ASC 958, check here	_,,	20	_,,
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
	31 32	Total net assets or fund balances	3,525,906.	31	3,839,36
:			3,537,731.	32 33	3,867,92
_	33	Total liabilities and net assets/fund balances	5,557,751.	33	Form <b>990</b> (2

DAYSPRING VILLA WON	EN & CHILDREN';	S
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	990 (2019) SHELTER, INC.	73-1	474319	Pag	<sub>ge</sub> 12
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	1,352		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,231		
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,525		
5	Net unrealized gains (losses) on investments	5	191	.,98	30.
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	3,839	),36	54.
Pa	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A Public Charity Status and Public Sup			innort		OMB No. 1545-0047				
(Form 9	990 or 990-EZ)			nization is a section 501					2010
				947(a)(1) nonexempt cha					2013
	t of the Treasury venue Service			Attach to Form 990 or F					Open to Public Inspection
Name o	f the organizati		0	v/Form990 for instruction			normation.	Employe	r identification number
Nume o	r the organizati		TER, INC.	A WOMEN & CII.	глокы				3-1474319
Part I	Reason			(All organizations must co	omplete th	is part.) Se	ee instructions		
The orga				(For lines 1 through 12, c					
1	A church, co	vention of ch	urches, or association	on of churches described	in sectio	on 170(b)(	1)(A)(i).		
2	A school des	cribed in <b>sect</b>	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service org	anization described in se	ection 170	<b>)(b)(1)(A)(i</b>	ii).		
4	-	-	zation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and stat								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)								
6	7			mental unit described in	section 17	70(h)(1)(A)	(v)		
7 X	7	-	-	antial part of its support fi				ne general i	oublic described in
-	U U		Complete Part II.)		on a gori			ie general j	
8	¬ ·			(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
	_ university: _								
10				e than 33 1/3% of its sup					
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment								
				e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
11	7		mplete Part III.)	sively to toot for public on	fatu Saa	contion El	O(a)(4)		
12									
	-	-	-	ed in section 509(a)(1) of	-			•	
			-	of supporting organization					
a		-	• •	supervised, or controlled		-		-	giving
	the suppor	ed organizatio	on(s) the power to re	egularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
_	organizatio	n. <b>You must c</b>	complete Part IV, S	ections A and B.					
b	Type II. A s	upporting org	ganization supervised	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
		-		anization vested in the s	ame perso	ns that co	ntrol or manag	ge the sup	ported
. Г			st complete Part IV,		••••••••				- 1 211-
c L		-		ng organization operated s). You must complete l				ly integrate	ed with,
d [		•		porting organization oper			-	ted organi <sup>.</sup>	zation(s)
u L		-		zation generally must sat				•	
				mplete Part IV, Sections					
e				written determination fro				II, Type III	
	functionally	integrated, or	r Type III non-functic	onally integrated supporti	ng organiz	ation.			
	nter the number	••	•						
<b>g</b> Pr	ovide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the org	anization listed	(v) Amount of	monotony	(vi) Amount of other
	organization			(described on lines 1-10	in your govern	ing document?	support (see ir		support (see instructions)
	5			above (see instructions))	Yes	No		,	
									ļ
									<u> </u>
Total									
ισιαί							1		1

Schedule A (Form 990 or 990 EZ) 2019 SHELTER, INC.

Part II

73-1474319 Page 2

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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	916,771.	2287424.	863,962.	909,010.	1105212.	6082379.		
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	916,771.	2287424.	863,962.	909,010.	1105212.	6082379.		
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)						863,128.		
6	Public support. Subtract line 5 from line 4.						5219251.		
	ction B. Total Support					•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	916,771.	2287424.	863,962.	909,010.	1105212.	6082379.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	25,346.	56,301.	69,605.	71,220.	51,724.	274,196.		
9	Net income from unrelated business	-	-		-				
	activities, whether or not the								
	business is regularly carried on			13,681.	10,989.	64,667.	89,337.		
10	Other income. Do not include gain			-		-			
	or loss from the sale of capital								
	assets (Explain in Part VI.)	59,196.	66,075.	38,907.	6,582.	8.	170,768.		
11	Total support. Add lines 7 through 10						6616680.		
	Gross receipts from related activities,	etc. (see instructio	ons)			12	26,525.		
	First five years. If the Form 990 is for	•	,	d. fourth. or fifth ta	x vear as a sectior	1 501(c)(3)			
	organization, check this box and <b>stop</b>								
Sec	ction C. Computation of Publi	c Support Per	centage				·		
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	78.88 %		
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	79.99 %		
	33 1/3% support test - 2019. If the o					ore, check this bo	and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X		
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances"			-					
b	10% -facts-and-circumstances test	-							
~	more, and if the organization meets th	-							
	organization meets the "facts-and-circ								
18	Private foundation. If the organizatio		•						
				.,,					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SHELTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	e (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
	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							
	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
	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							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support	[	1		1		1	
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total	
	Amounts from line 6							
	Gross income from interest, dividends, payments received on							
:	securities loans, rents, royalties,							
	and income from similar sources							
	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	-			-			
Sec	check this box and stop here tion C. Computation of Publi	c Support Per						
	Public support percentage for 2019 (I			column (f))		15	%	
	Public support percentage for 2019 (i Public support percentage from 2018					16	%	
	tion D. Computation of Inves						70	
	Investment income percentage for 20			ne 13. column (f))		17	%	
	Investment income percentage from a					18	%	
	33 1/3% support tests - 2019. If the					· · ·		
	more than 33 1/3%, check this box ar							
	<b>b</b> 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	<b>Private foundation.</b> If the organization							

## Schedule A (Form 990 or 990-EZ) 2019 SHELTER,

Part IV Supporting Organizations

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

INC.

## 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

1

Yes

No

Sche	dule A (Form 990 or 990-EZ) 2019 SHELTER , INC .	73-147431	9 Pa	age <b>5</b>
Par	t IV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	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			
Read	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		tructions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
a h	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> .			
b c	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a government entited</i>	the loop instruction		
2	Activities Test. Answer (a) and (b) below.	ty (see instructions)	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NU
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> 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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D.	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 (a) and (b) below.	20		
	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? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
D.	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
932025		A (Form 990 or 99	0-E7	2019
	Selection	,	,	

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#### Schedule A (Form 990 or 990-EZ) 2019 SHELTER , Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2019

Sche Par	dule A (Form 990 or 990-EZ) 2019 SHELTER, INC. <b>t V Type III Non-Functionally Integrated 509(</b>			73-1474319 Page 7
		a)(s) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.	a arganization is reasonable		
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(i)	(;;)	(;;;)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			
			<u> </u>	

Schedule A (Form 990 or 990-EZ) 2019

		DAYSPRING	VILLA	WOMEN	& CH	HILDREN'S	
Schedule A	(Form 990 or 990-EZ) 2019						73-1474319 Page 8
Part VI	<b>Supplemental Inform</b> Part IV, Section A, lines 1,	nation. Provide t 2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	he explanation a, 6, 9a, 9b, /, Section E,	9c, 11a, 11b lines 1c, 2a	o, and 11 , 2b, 3a,	c; Part IV, Section and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, : 1; Part V, Section B, line 1e; Part V,

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Name	of the	organization
1 Julio		organization

DAYSPRING	VILLA	WOMEN	&	CHILDREN'S	
SHELTER,	INC.				

73-1474319

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

#### **General Rule**

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

### **Special Rules**

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

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

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

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

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

923452 11-06-19

DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC.

Employer identification number

73-1474319

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>25,000.</u>	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
2		\$25,000.	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
3		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4_		\$ <u>25,720.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>26,850.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$34,000.	Type of contribution         Person       X         Payroll

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC.

Employer identification number

Page **2** 

73-1474319

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$39,464.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>41,398.</u>	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
9		\$66,112.	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
10		\$100,000.	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
<u>11</u>		\$100,000.	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.)

Schedule B (Forr	n 990,	, 990-EZ,	or 990-PF	) (2019)	
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Name of organization

DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC.

Employer identification number

73-1474319

#### Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Name of or	roanization			Employer identification number				
	RING VILLA WOMEN & CHILI	DREN'S						
	ER, INC.			73-1474319				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a			hat total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. on	ce.) ▶ \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Parti								
-								
		(e) Transfer of gift						
	Transferee's name, address, a	nd <b>7</b> IP + 4	Relationship of tra	ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Parti								
-								
	(e) Transfer of gift							
	Transferee's name, address, a	nd 7IP + 4	Relationship of tra	ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
<u> </u>								
-								
		(e) Transfer of gift						
	Transferee's name, address, a	nd <b>7</b> IP + 4	Relationship of tra	Insferor to transferee				
ľ								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
ŀ		/ <b>/ -</b>						
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				
ŀ								

Part W, line 6, 7, 6, 8, 6, 16, 116, 116, 116, 116, 116,	SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,					OMB No. 1545-0047	
bitch flow based     bitc	Denart	ment of the Treasury			b.		
SHELTER, INC.       73-1474319         Part1       Organizations Minimal Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answord 'Yes' on Form 800, Part IV, line 6.       (a) Donor advised funds       (b) Funds and other accounts         3       Aggregate value of contributions to (during year)       (a) Donor advised funds       (b) Funds and other accounts         4       Aggregate value of and form (during year)       (a) Donor advised funds       (b) Funds and other accounts         5       Did the organization inform all donors advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermetisyle invalue to the organization reduced to the organization answered 'Yes' on Form 990, Part IV, line 7.         Perpresentation of land for public use for example, recreation or education 'Persevation of a historically important land area       Preservation of and for bulic use for example, recreation or contribution in the form of a conservation samement in the last dire of the Tax Year.         10       Protection of nature habitat       Preservation dia and protein samements.       2a         2       Complete ins 2a through 2d the organization held a qualified conservation constructure.       Held at the Ed of the Tax Year.         10       Protection of nature habitat       2a       Line Year.         11       Complete ins 2a through 2d the organization held a qualified conservation conservation easements.	Interna	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information of the second second second second second second second second s	ation.		•
Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization assemet 7 Yes' on Form 990, Part IV, line 6.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of ortholicins to (during year)       (a) Donor advised funds       (b) Funds and other accounts         3       Aggregate value of ortholicins to (during year)       (a) Donor advised funds       (b) Funds and other accounts         4       Aggregate value of ortholicins to (during year)       (b) Donor advised funds       (c) Funds and other accounts         5       Did the organization inform all donors advisors in writing that grant funds can be used only       Yes       No         6       Did the organization inform all grantese, Gonors, and canor advisors in writing that grant funds can be used only       Yes       No         Part IL       Complete if the organization reducts on form 990, Part IV, line 7.       Purpose(s) of conservation casements head by the organization answerd 'Yes' on Form 990, Part IV, line 7.       Purpose(s) of conservation casements head by the organization educts on the based of the account of the based funds         2       Complete if the organization educts on the based of the account of the based of the account of a testified historic structure       Preservation of a instrotical structure         2       Complete ines 2a through 2d if the organization head a qualified conservation casement	Nam	e of the organization		MEN & CHILDREN'S		Emp	
organization answered "Yes" on Form 990, Part IV, Ine 6.     (a) Denor advised funds     (b) Funds and other accounts     (c) Aggregate value of ants for (during year)     (c) Aggregate value of ants for (during year)     (c) Dot the organization inform all donors and doner advisors in writing that grant funds can be used only     for charitable purposes and not for the banefit of the doner advisor in writing that grant funds can be used only     for charitable purposes and not for the banefit of the doner or donor advisor, or for any other purpose conferring     impermissible private benefit?     Purpose(c) of conservation essements held by the organization inform 40% or form 900, Part IV, Ine 7.     Purpose(c) of conservation essements held by the organization (chock all that apply)     Preservation of and for public use (for example, recreation or education)     Preservation of a historically important land area     Predection of natural habitat     Preservation of conservation easements     (e) acquired after 725006, and not an historically important land area     (b) Rumber of conservation easements     (c) acquired after 725006, and not an historic structure     (c) accentration reservation easements     (c) acquired after 725006, and not an historic structure     (c) accentration easements     (c) acquired after 725006, and not an historic structure     (c) accentration easements     (c) acquired after 725006, and not an historic structure     (c) acquired after 725006, and not an historic structure     (c) acquired after 725006, and not an historic structure     (c) acquired after 725006, and not an historic structure     (c) acquired after 725006, and not an historic structure     (c) acquired after 725006, and not an historic structure     (c) acquired after 725006, and not an historic structure     (c) acquired after 725006, and not an historic structure     (c) acc	Do			d Eundo or Othor Similar Eundo	or Ao	00110	
(a) Donor advised tunds       (b) Funds and other accounts         1       Total number at end of year       (c) Funds and other accounts         2       Aggregate value of contributions to (during year)       (c) Funds and other accounts         3       Aggregate value of contributions to (during year)       (c) Funds and other accounts         4       Aggregate value of grants from (during year)       (c) Funds and other accounts         5       Did the organization inform all donors and door advisors in writing that grant funds can be used only       (c) Funds and to for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?         Portice(s) of conservation easements held by the organization (check all that apply)       Preservation of all for public use for example, recreation or education)       Preservation of a listorically important land area         Protece(s) of conservation easements in blab the granization (check all that apply)       Preservation of a conservation easements       2a         2       Complete inse 2x through 2/16 the organization held a qualified conservation contribution in the form of a conservation easements in clude in (c) acquired after 725/06, and not on a historic structure       2a         2       1       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         6       Number of conservation easements modified, transferred, released, extinguished, or terminated by the cons	Par		-		or AC	coun	IS. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and the number of (during year) 4 Aggregate value of and the number of (during year) 4 Aggregate value of and the number of the organization inform all denors and velocities in writing that the assets held in donor advised funds are the organization inform all denors and velocities in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or advisor, or for any other purpose contering incommissible provate banefit? 4 Purpose(g) or conservation assements held by the organization inform 4 and year) 4 Perservation of land for public use (for example, recreation or education) 4 Preservation of a historically important land area 4 Protection of natural habitat 4 Preservation of a conservation assements 4 and year 4 a grant area year. 4 Total number of conservation assements 4 and year area year 4 a Total number of conservation assements 4 and year are year. 4 a Total number of conservation assements 4 and year are year. 4 a Total number of conservation assements 4 and the fare 7/2506, and not on a historic structure 4 a Number of conservation assements 4 not year area is indicated in teal or determed, receased, extinguished, or terminated by the organization during the tax 4 year b 4 Number of states where property subject to conservation easements 4 notice and the receased exting or determined or advisers 4 Number of extinct and monitoring, inspecting, handling of violations, and enforcing conservation easements 4 number of states where property subject to conservation easements 4 notice area written policy regarding the period constructure and exprese statement and 4 ascine not notify inspecting, handling of violations, and enforcing conservation easements 4 number of expresses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 4 and the least of the control to exp		organizatio	n answered "Yes" on Form 990, Part IV, lin		(		ds and other accounts
Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value of and the organization's and coror advisor, or huring that the assets held in donor advisor of undia are the organization inform all grantees, donors, and donor advisors in writing that grant tunds can be used only     for chartable purposes and to for the benefit of the donor of or any other purpose conferring     impermissible protest and to for the benefit of the donor of any tother purpose conferring     impermissible protest and to for the benefit of the ongenization's exclusive legal control?     Purpose(s) of conservation essements held by the organization answered 'Yes' on Form 990, Part IV, line 7.     Purpose(s) of conservation essements held by the organization (cleck all that apply).     Preservation of an torp public use (for example, recreation or education)     Preservation of a the organization in the last     day of the ax year.     Total number of conservation essements     Total acreage restricted by conservation essements     Autified at the Edd of the Tax Year     Number of conservation essements in cutcher included in (a)     Ze     Ze     Number of conservation essements modified, transfered, released, extinguished, or terminated by the organization during the tax     year <i>Y</i> Number of states where property subject to conservation essements in located <i>Y</i> Number of acceservation essements modified, transfered, released, extinguished, or terminated by the organization during the year     Number of acceservation essements modified, transfered, released, extinguished, or terminated by the organization during the year     Number of conservation essements modified, transfered, released, extinguished, or terminated by the organization during the year     Number of acceservation essements modified, transfered, released, extinguished, or terminated by the organization during the year     Number of conserva	4	Total number at ar	ad of year		,	<b>5)</b> T UI I	
a Aggregate value of grants from (during year) A Aggregate value of grants from (during year) Det the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? No Do the organization inform all digrantes, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermised private benefit? Ves							
Aggregate value at end of year     Ded the organization inform all donors and donor advisors in writing that the assets held in donor advisor from set on or advisor in writing that the assets held in donor advisor from set on the organization is consistent on the organization are to enganization and to for the benefit of the donor of once advisor, or for any other purpose conferring impermisable purposes and to for the benefit of the donor of once advisor, or for any other purpose conferring impermisable purposes and to for the benefit of the donor of once advisor, or for any other purpose conferring impermisable provates benefit?     Partue Conservation easements. Complete if the organization answered "Yea" on Form 950, Part IV, line 7.     Perservation of land for public use (for example, recreation or education) impervation of a certified historic structure     Preservation of a cartified historic structure     Preservation of a cartified historic structure     Preservation of a cartified historic structure included in (a) advisor of conservation easements included in (b) advisor structure included in (b) advisor structure included in (a) advisor structure included in (b) advisor structure include in the noreganization have anyten pole							
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Ves No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors (ref or any other purpose confering impermissible private benefit? Part U Conservation Easements. Complete if the organization answered "Yee' on Form 990, Part IV, line 7. 1 Purposety of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a conservation easements in Education in the form of a conservation easement in the last day of the tay year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in cluded in (a) acquired after 7/25/06, and not on a historic structure 2 Jotal armseg restricted by conservation easements in cluded in (a) acquired after 7/25/06, and not on a historic structure 2 Jourbard of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure 2 Jo boes the organization have antitied historie, inspection, handling of violations, and enforcing conservation easements during the year 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2 Jo boes the organization have an until adjust the dot the foot structure included in (c) acquired after 7/25/06, and enforcing conservation easements during							
are the organization's property, subject to the organization's exclusive legal control?       Ves       No         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring important state benefit?       No         7       Purpose(6) of conservation easements. Complete if the organization answered "Ves" on Form 990, Part IV, line 7.       Ne         1       Purpose(6) of conservation easements held by the organization (check all that apply).       Preservation of a hot of public use (for example, recreation or education)       Preservation of a hot of public use (for example, recreation or education)       Preservation of a hot of public use (for example, recreation or education)         1       Protection of natural habitat       Preservation easements       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Total anneber of conservation easements       2a       2a         3       Number of conservation easements included in (a) (a) and a real application during the tax year       2a         4       Number of conservation easements included in (a) cancel line and to a historic structure included in (a)       2a         3       Number of conservation easements included in (b) cancel line applicate conservation easements during the year list of the N					ed fund	s	
G Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring inpermissible private burnefit?     PartUl Conservation Easements Net by the organization answered "Yes" on Form 990, Part IV, line 7.     Purposely of conservation easements held by the organization check all that apply.     Preservation of and for public use (for example, recreation or education)    Preservation of a hotiocally important land area      Preservation of land for public use (for example, recreation or education)    Preservation of a certified historic structure     Preservation of land for public use (for example, recreation or education)    Preservation of a certified historic structure     Preservation of a structure hot a last      day of the tax year.     Total number of conservation easements     the activation easements included in (a) acquired after 72506, and not on a historic structure     day     d Number of conservation easements included in (a) acquired after 72506, and not an a historic structure     d Number of conservation easements included in (a) acquired after 72506, and not an a historic structure     d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year      var      A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     s     S     S     Does stach conservation easements holds?     Songalization have a written policy regarding the periodic monitoring, inspection, handling of     violations, and enforcement and the correservation easements holds?     Songalization heave a written policy regarding the periodic monitoring, conservation easements and user expense statement and balance sheet, and include, if applicable, the tort of the torobrots to the organization file data easemen	Ū	-		-			Yes No
tor charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	6						
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of and for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a conservation easement on the last       Preservation of a conservation easement on the last         day of the tax year.       2a       1ed at the End of the Tax Year         2       Total number of conservation easements       2a         2       2a       2a         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, inspection, inspection, inspection, inspection, inspection, inspection, conservation easements during the year         4       Number of conservation easement reported on line 2(d) above satisfy the requirements of saction 170(h)(4)(B)(i)         3       Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring, inspect		•		• •		-	
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         Preservation of land for public use (for example, recreation or education)       Preservation of a certified historic structure         Preservation of conservation easements       Preservation of a certified historic structure         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement and y of the tax year.       Iteld at the End of the Tax Year         3       Total arcoger restricted by conservation easements       Za         2       Complete lines 2a through 2d if the organization actified historic structure included in (a)       Za         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       Za         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       Za         4       Number of states where property subject to conservation easements is located >       Yes       No         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year       >         4       Number of states where property subject to conservation easements in its revenue and expense statement and balance sheet, and inz0(k) (k)(k)(k)(k)(k)(k))       Yes<							
Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure   Protection of natural habitat Preservation of a certified historic structure   2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last.   3 Total number of conservation easements 2a   b Total acreage restricted by conservation easements 2a   cl Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   isted in the National Register   a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.   4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b   cl Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements is located b   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements to a list 2(a) above satisfy the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(i)    9 In Part XIII, describe how the organization negoreasements in the revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's function's f	Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	Part IV,	line 7.	
□       Preservation of a certified historic structure         □       Preservation of a certified historic structure         □       Preservation of a certified historic structure         day of the tax year.       1         a Total number of conservation easements       1         b Total acreage restricted by conservation easements       2         c Number of conservation easements on a certified historic structure included in (a)       2         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2         isted in the National Register       2         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year />2         4       Number of states where property subject to conservation easements it holds?         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements with the 2(d) above satisfy the requirements of section 170(h)(4)(B)(0)         and section 170(h)(4)(B)(0)?       Implicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         6       If the organization newered "Yes" on Form 900	1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).			
□       Preservation of open space         2       Complete lines 2 a through 2d if the organization heid a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       Idel at the End of the Tax Year.         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2a         d Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year          4       Number of states where property subject to conservation easements is located        —         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         > \$       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and the last expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements with polytic and section 170(h)(4)(B)(i)         an section 170(h)(4)(B)(i)?       Yes       No         9       ID Part XIII, describe how the organization reports conservation easements in its revenue and expenses statements an		Preservation	of land for public use (for example, recrea	tion or education) Preservation of	a histo	rically	important land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   4 Total acreage restricted by conservation easements   6 Number of conservation easements included in (a)   1 Aumber of conservation easements included in (a)   2a 2a   2d 2d   2d 2d   2d 2d   2d 2d   3 Number of conservation easements included in (a) excluted a first of conservation easements included in (a) 4. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year bases where property subject to conservation easement is located b   2 2d   2 2d   5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6. Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6. S 6. Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6. S 6. S conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet works of art, historical t		Protection o	f natural habitat	Preservation of	a certif	ied his	storic structure
day of the tax year.       Image: the tax year.         a Total number of conservation easements       Image: the tax year.         b Total access prestricted by conservation easements       Image: tax year.         c Number of conservation easements included in (a)       Image: tax year.         d Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure       Image: tax year.         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       Image: tax year.         d Number of states where property subject to conservation easement is located to conservation easements during the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         f Number of states where property subject to conservation easements in toids?       Image: tax year.         f Nount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         f Associant 170(h)(4)(B)(ii)       Image: tax year.         g Image: tax year.       Image: tax year.         f Associant 170(h)(4)(B)(iii)       Image: tax year.         g Image: tax year.       Image: tax		Preservation	of open space				
a Total number of conservation easements 2a   b Total acreage restricted by conservation easements 2b   c Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d   4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   ▶	2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form c	of a cor	nservat	ion easement on the last
b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax   year b		day of the tax year					Held at the End of the Tax Year
c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year ▶	а	Total number of co	onservation easements			2a	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	b	Total acreage rest	ricted by conservation easements			2b	
listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	С	Number of conservent	vation easements on a certified historic stru	ucture included in (a)		2c	
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re		
year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         ▶		listed in the Nation	nal Register			2d	
<ul> <li>A Number of states where property subject to conservation easement is located  </li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li></ul>	3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	zation (	during the tax
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items:</li> <li>i) Revenue included on Form 990, Part X</li> <li>\$</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for f</li></ul>		year 🕨					
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li></li></ul>	4						
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶ \$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements.</li> <li>Part III Organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> <li>(ii) Assets included on Form 990, Part X</li> <li>\$</li> <li>5</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included o</li></ul></li></ul>	5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>							
<ul> <li>\$</li></ul>	6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervatior	n ease	ments during the year
<ul> <li>\$</li></ul>		▶					
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(li)?</li></ul>	7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservati	ion eas	ement	s during the year
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> <li>\$</li> &lt;</ul></li></ul>	_						
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b Assets included in Form 990, Part X 🕨 \$	~	-		-			2

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_	dule D (Form 990) 2019 SHELTER	<u>, INC.</u>			<u> </u>	73-14	74319	9 Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Otl	her Simila	r Assets	) (contir	iued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's e	xempt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations c	of art, historical treas	sures, or other sim	ilar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	llection?			Yes	No No
Par	t IV Escrow and Custodial Arrang						line 9, or	
	reported an amount on Form 990, Par		Ū				,	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iarv for contributions	s or other assets n	ot included			
	on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in Part XIII							
b			iowing table.				Amount	+
•	Paginning balance				10		Amoun	<u>.</u>
	Beginning balance							
	0, ,							
e	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe				• • • • • • • • • • • • • • • • • • • •	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	<b>t V Endowment Funds.</b> Complete i						<del>.                                    </del>	
		(a) Current year	(b) Prior year	(c) Two years bac		years back	(e) Four	years back
1a	Beginning of year balance	1,059,044.	1,145,461.	592,71	5. 2	205,469.	<u> </u>	207,032.
b	Contributions		3,472.	523,023	L. 3	357,174.		859.
с	Net investment earnings, gains, and losses	187,232.	-89,889.	44,790	).	31,145.		-1,383.
d	Grants or scholarships					1,071.		
е	Other expenditures for facilities							
	and programs			14,99	5.			970.
f	Administrative expenses			7(	).			71.
g	End of year balance	1,246,276.	1,059,044.	1,145,46	L. 5	592,717.		205,467.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1 a. column (a)	) held as:			L	
	Board designated or quasi-endowment	1.07	%					
	Permanent endowment  87.28	%						
		% %						
С		, -						
0.	The percentages on lines 2a, 2b, and 2c show	•	the set of the state of the state of the	al a destatata a dife				
Ja	Are there endowment funds not in the posse	ssion of the organiza	ition that are held an	id administered to	r the organiz	ation	٦	Mar Na
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	X
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI _ Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o			Accumulat		(d) Bool	k value
		basis (investr	,	(other)	depreciation	1		
1a	Land			5,000.				5,000.
	Buildings		1,42	0,323.	260,6	39.	1,159	9,684.
	Leasehold improvements		72	8,789.	392,2	03.	330	6,586.
	Equipment			7,145.	253,0			4,116.
	Other			2,466.	41,9			0,488.
	Add lines 1a through 1e. (Column (d) must e							5,874.

Schedule D (Form 990) 2019

#### DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC. Schedule D (Form 990) 2019 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) ►

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

	DAYSPRING VILLA	WOMEN & CHI	LDREN	10			
	nedule D (Form 990) 2019 SHELTER, INC.					1474319	Page 4
Pa	art XI Reconciliation of Revenue per Audited Fir		nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial s	tatements			1	1,530,	849.
2	Amounts included on line 1 but not on Form 990, Part VIII, line	e 12:					
а	a Net unrealized gains (losses) on investments		2a	191,980.			
b	b Donated services and use of facilities		2b				
с	c Recoveries of prior year grants		2c				
d	d Other (Describe in Part XIII.)		2d				
е	e Add lines 2a through 2d				2e		980.
3	Subtract line <b>2e</b> from line <b>1</b>				3	<u>1,338,</u>	869.
4							
а	a Investment expenses not included on Form 990, Part VIII, line	7b	4a				
b	b Other (Describe in Part XIII.)		4b	13,640.			
с					4c		640.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990.	. Part I. line 12.)			5	1,352,	509.
Pa	art XII Reconciliation of Expenses per Audited F	inancial Stateme	ents With	Expenses per F	Returr	າ.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements				1	1,217,	391.
2	Amounts included on line 1 but not on Form 990, Part IX, line	25:					
а	a Donated services and use of facilities		2a				
b			2b				
с	c Other losses		2c				
d	d Other (Describe in Part XIII.)						
е	e Add lines <b>2a</b> through <b>2d</b>				2e		0.
3					3	1,217,	391.

е	Add lines <b>2a</b> through <b>2d</b>	2e	0.		
3	Subtract line 2e from line 1	3	1,217,391.		
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	13,640.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	13,640.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,231,031.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

PART OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY A
RELATED ORGANIZATION, DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER
ENDOWMENT TRUST. THE REMAINING ENDOWMENT FUNDS ARE HELD BY THE BAPTIST
FOUNDATION AND THE TULSA COMMUNITY FOUNDATION. THE PERMANENTLY RESTRICTED
ENDOWMENT FUND IS TO PROVIDE FUNDS ACCORDING TO ORIGINAL DONOR
STIPULATIONS. THE TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE RESERVED FOR
THE OPERATING OR CAPITAL NEEDS OF THE ORGANIZATION AND CAN ONLY BE
RELEASED UPON APPROPRIATION FOR EXPENDITURE BY THE ORGANIZATION IN A
MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY OKLAHOMA LAW
AND IN ACCORDANCE WITH ORIGINAL DONOR STIPULATIONS. THE BOARD DESIGNATED
ENDOWMENT FUNDS ARE RESERVED FOR EXPENDITURES RELATED TO THE OPERATIONS OF
932054 10-02-19 Schedule D (Form 990) 2019

DAYSPRING VILLA WOMEN & CHILDREN'S Schedule D (Form 990) 2019 SHELTER, INC. Part XIII Supplemental Information (continued)	73-1474319 Page 5
THE ORGANIZATION.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	13,640.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	13,640.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answered "Yes" o organization entered more than \$				or 19,	or if the	2019		
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for ins				on.		Inspection		
Name of the organization		NG VILLA WOMEN & (	CHIL	DREI	1'S			entification number		
Daut L Funduaia	SHELTER						73-1474			
Part I Fundrais	complete this part	Complete if the organization answ	vered "Y	'es" or	n Form 990, Part IV, I	ine 17	'. Form 990-EZ	filers are not		
		ed funds through any of the follow	ina activ	vitios (	Check all that apply					
a Mail solicitat	•	° '	•		overnment grants					
b Internet and email solicitations f Solicitation of government grants										
c Phone solicit	ations		al fundra							
d 🗌 In-person sol	icitations			-						
2 a Did the organizatio	n have a written o	r oral agreement with any individua	al (includ	ling of	ficers, directors, trus	tees,	or			
key employees liste	ed in Form 990, Pa	art VII) or entity in connection with	professi	onal fu	undraising services?		Yes	s 🗌 No		
	•	viduals or entities (fundraisers) purs	uant to	agreer	ments under which the	he fun	draiser is to be	e		
compensated at lea	ast \$5,000 by the	organization.								
<b></b>			(iii)	Did raiser		(v)	Amount paid	(vi) Amount paid		
(i) Name and address or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity	to (o	r retained by) undraiser	to (or retained by)		
or entity (land			contrib	ntrol of utions?	non activity		ed in col. (i)	organization		
			Yes	No						
			_							
			_							
Total										
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	aistration		
or licensing.								<b>~</b>		

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990 EZ) 2019 SHELTER, INC.

73<u>-1474319 Page 2</u>

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE FUNDRAISER (add col. (a) through OTHER DINNER col. (c)) (event type) (total number) (event type) ne

Reven	1	Gross receipts	62,926.	290.		63,216.		
Ľ	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	62,926.	290.		63,216.		
	4	Cash prizes						
	5	Noncash prizes						
enses	6	Rent/facility costs	2,100.			2,100.		
Direct Expenses	7	Food and beverages	7,840.			7,840.		
Dir	8	Entertainment						
	9	Other direct expenses	4,287.			4,287.		
	10	Direct expense summary. Add lines 4 through	14,227. 48,989.					
	11 Net income summary. Subtract line 10 from line 3, column (d)							

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
pense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re			vear?	Yes No
, N		Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2019 SHELTER, INC. 73-1	474319	Page 3					
	edule G (Form 990 or 990-EZ) 2019 SHELTER, INC.       / 3 - J         Does the organization conduct gaming activities with nonmembers?	Yes						
	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	%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name							
	Address							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No					
	<ul> <li>If "Yes," enter the amount of gaming revenue received by the organization </li> <li>\$ and the amount</li> <li>of gaming revenue retained by the third party </li> <li>\$</li> <li>\$ ["Yes," enter name and address of the third party:</li> </ul>							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation							
	Description of services provided 🕨							
	Director/officer Employee Independent contractor							
17	Mandatan ( distributions)							
	Mandatory distributions: It is the organization required under state law to make charitable distributions from the gaming proceeds to							
· ·	retain the state gaming license?	Yes	No No					
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the							
	organization's own exempt activities during the tax year 🕨 \$							
Pa	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.							
_								

Schedule G	a (Form 990 or 990-EZ)				CHILDREN'S	73-1474319	Page <b>4</b>
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation <sub>(continued</sub>	d)				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. DAYSPRING VILLA WOMEN & CHILDREN'S

SHELTER, INC.

C •

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

73-1474319

19

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

GOD-HONORING LIVES.

FORM 990, PART VI, SECTION A, LINE 8B:

ONLY THE FINANCE AND PERSONNEL COMMITTEES HAVE AUTHORITY.

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

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND THEN HAS THE TREASURER SIGN

THE FORM 990. THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 AND REPORT TO

THE BOARD AT THE NEXT BOARD MEETING.

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

THE BOARD OF DIRECTORS AND VARIOUS COMMITTEES MONITOR COMPLIANCE OF THIS POLICY. A BOARD MEMBER OR OFFICER OF THE CORPORATION SHALL BE CONSIDERED TO HAVE A CONFLICT OF INTEREST IF THAT BOARD MEMBER OR OFFICER HAS EXISTING OR POTENTIAL FINANCIAL OR OTHER INTEREST WHICH MIGHT IMPAIR OR MIGHT APPEAR TO IMPAIR SUCH PERSONS INDEPENDENT, UNBIASED JUDGEMENT IN THE DISCHARGE OF HIS/HER RESPONSIBILITIES TO THE BOARD. A BOARD MEMBER OR CORPORATE OFFICER WITH A CONFLICT OF INTEREST (PERCEIVED OR OTHERWISE) SHALL DECLARE HIS/HER CONFLICT AND REFRAIN FROM ANY FURTHER DISCUSSION OR VOTE ON MATTERS PERTAINING TO THE CONFLICT.

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

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ANNUALLY EVALUATING THE EXECUTIVE
DIRECTOR AND DETERMINING THE FINANCIAL COMPENSATION FOR THIS POSITION. WHEN
MAKING ALL RECOMMENDATIONS TO THE FINANCE COMMITTEE THE PERSONNEL COMMITTEE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)
932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page <b>2</b>								
Name of the organization	DAYSPRING VI		&	CHILDREN'S	Employer identification number			
	SHELTER, INC				73-1474319			

WILL TAKE INTO CONSIDERATION THE FOLLOWING: ANNUAL SOCIAL SECURITY COLA

INCREASE, COMPARABILITY DATA GATHERED FROM OTHER SIMILAR AGENCIES,

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION.

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

DOCUMENTS ARE MADE AVAILABLE TO ANYONE REQUESTING DOCUMENTS BY WRITTEN

**REQUEST**.

SCH	IED	U	LE	R

#### (Form 990)

# Dependences of the Trees

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2019 Open to Public

OMB No. 1545-0047

Internal Revenue Service							
Name of the organization	DAYSPRING VILLA WOMEN & CHILDREN'S	Employer ide	entification number				
	SHELTER, INC.	73-14	74319				

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER	FUNDRAISING SUPPORT FOR THE				
ENDOWMENT TRUST - 80-0788460, P.O. BOX 1588,	DAYSPRING VILLA WOMEN AND				DAYSPRING VILLA WOMEN
SAND SPRINGS, OK 74063	CHILDREN'S SHELTER	OKLAHOMA	176,111.	1,196,131.	AND CHILDREN'S SHELTER

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>3)</b> 12(b)(13) rolled ity?
				501(c)(3))		Yes	No
DAYSPRING VILLA FOUNDATION - 81-7128342	FUNDRAISING SUPPORT FOR				DAYSPRING VILLA		
P.O. BOX 1588	THE DAYSPRING VILLA WOMEN			LINE 12D,	WOMEN AND		
SAND SPRINGS, OK 74063	AND CHILDREN'S SHELTER	OKLAHOMA	501(C)(3)	III-O	CHILDREN'S	Х	
	-						

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

# DAYSPRING VILLA WOMEN & CHILDREN'S

# Schedule R (Form 990) 2019 SHELTER, INC.

### 73-1474319 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	r an	, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	<sup>ll or</sup> Percentage <sup>jing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) b)(13) rolled tity?			
		country)				400010		Yes	No			
	-											
	1											

DAYSPRING VILLA WOMEN & CHILDREN'S

Schedule R (Form 990) 2019 DILLITER, INC.	Schedule R (Form 990)	2019	SHELTER,	INC.
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	; 1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		-
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	<b>1</b> m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
<b>q</b> Reimbursement paid by related organization(s) for expenses			+
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

# DAYSPRING VILLA WOMEN & CHILDREN'S

Schedule R (Form 990) 2019 SHELTER, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(4	e)	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(€ Are partne	all rs sec.	Share of	Share of		opor-	Code V-UBI	General	or Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner 501(i org	c)(3) s.?	total	end-of-year	Dispr tior alloca	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managi partnei	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	o
												+
											$\vdash$	+

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part VII Supplemental Information

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

## PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

### NAME OF RELATED ORGANIZATION:

### DAYSPRING VILLA FOUNDATION

### DIRECT CONTROLLING ENTITY: DAYSPRING VILLA WOMEN AND CHILDREN'S SHELTER

		RING VILLA WO ER, INC.	OMEN	& CHILDREN	'S	73-147	431	9
Form	990-W	Estimated Incom	e fo	r Tax-Exem	ed Business pt Organizati	ons		OMB No. 1545-0047
• Depa	rksheet) rtment of the Treasury al Revenue Service	(ane) ► Go to www.ii	d on Inv ′s.gov/F	estment Income for Form990W for instru	Private Foundations) ctions and the latest ir the Internal Revenue	FORM 990- Iformation.	Т	2020
1	Unrelated business taxable	income expected in the tax	year				1	
2	Tax on the amount on line	1. See instructions for tax	computa	tion			2	
3	Alternative minimum tax fo	3						
4	Total. Add lines 2 and 3 $_{\dots}$	4						
5	Estimated tax credits. See i		5					
6	Subtract line 5 from line 4	6						
7	Other taxes. See instruction	7						
8	Total. Add lines 6 and 7 $\ldots$		8					
9	Credit for federal tax paid o	on fuels. See instructions					9	
		rivate foundations, see instr	uctions					
b	Enter the tax shown on the zero or the tax year was for and enter the amount from	r less than 12 months, skip	this line	ion: If	10b	4,667.		
C	<b>2020 Estimated Tax.</b> Enter from line 10a on line 10c		ine 10b.	If the organization is req	uired to skip line 10b, ente		10c	4,680.
				(a)	(b)	(C)		(d)
11	Installment due dates. Se	e instructions	11					12/15/20
12	Required installments. En columns (a) through (d). E the organization uses the a installment method, the ad installment method, or is a	But see instructions if nnualized income justed seasonal	12					4,680.
13	2019 Overpayment. See ir	nstructions	13					
14	Payment due (Subtract lin	e 13 from line 12)	14					<b>4,680</b> .

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

			IDED TO NOVE				_		
Form <b>990-T</b>	Exen		nization Bus				Return		OMB No. 1545-0047
		(ar	nd proxy tax unde	er se	ction 6033(e))				0040
	For calendar yea	ar 2019 or other tax yea	beginning		, and ending				2019
Department of the Treasury			irs.gov/Form990T for in					On	en to Public Inspection for
Internal Revenue Service			s on this form as it may			-	is a 501(c)(3).	501	I(c)(3) Organizations Only
A Check box if address changed			Check box if name cl			is.)		(Employe	r identification number ees' trust, see
			LLA WOMEN 8	ά CE	IILDREN'S			instructio	,
<b>B</b> Exempt under section		LTER, INC							-1474319 d business activity code
<b>X</b> 501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)		er, street, and room <b>BOX</b> 1588	or suite no. If a P.O. box	, see in	structions.			(See instr	ructions.)
			ince country and ZID or					-	
408A 530(a)			ince, country, and ZIP or <b>5 , OK 7406</b> 3					4520	0.0
Book value of all assets	E Crou	in avamation numb	or (Cas instructions)					4320	00
3,867,9	21. G Cher	rk organization type	$\mathbf{X} = \mathbf{X} = 501(c) \text{ corn}$	oration	501(c) t	rust	401(a)	trust	Other trust
H Enter the number of the	prognization's ur	related trades or b		2			nly (or first) un		
trade or business here				-			olete Parts I-V.		an one
describe the first in the b				rts I and					
business, then complete	-				a ii, compicto a coi		outer uterner		
I During the tax year, was		a subsidiarv in an a	ffiliated group or a paren	t-subsi	diarv controlled arc	oup?	▶	Yes	X No
If "Yes," enter the name a						• • • • • • • • • • • • • • • • • • • •			
J The books are in care of	RON	LUNDIN			T	elephone n	umber 🕨 (	918)	245-4075
Part I Unrelated	d Trade or I	Business Inco	ome		(A) Income		(B) Expenses	;	(C) Net
1 a Gross receipts or sale	S	51,706.							
<b>b</b> Less returns and allow	wances		<b>c</b> Balance ►	1c	51,70	)6.			
2 Cost of goods sold (S	chedule A, line 7	7)		2					
				3	51,70	)6.			51,706.
				4a					
			4797)	4b					
				4c					
5 Income (loss) from a	partnership or a	n S corporation (at	tach statement)	5					
6 Rent income (Schedu	,			6					
				7					
· · · ·			rganization (Schedule F)	8					
	•		ganization (Schedule G)						
				10					
				11					
					51,70				51,706.
13 Total. Combine lines Part II Deductio	<u>s through 12</u> ns Not Tak	en Flsewher	(Soo instructions fo	13   r limita					51,700.
			the unrelated busine			0115.)			
		•	dule K)					14	
			uie (()					15	
								16	23.
								17	
								18	
								19	4,305.
			on return					21b	
								22	
								23	
								24	
								25	
26 Excess readership co	osts (Schedule J	)						26	
27 Other deductions (at	27	37,109.							
								28	41,437.
29 Unrelated business t	axable income b	efore net operating	loss deduction. Subtract	line 28	from line 13			29	10,269.
	-		inning on or after Januar	-					-
								30	0.
			m line 29					31	10,269.
923701 01-27-20 LHA FC	or Paperwork Re	eduction Act Notice	, see instructions.						Form <b>990-T</b> (2019)

# Form 990-T (2019) DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC.

73-1474319 Page 2

Pari		I Utal Uniterated Busiliess Taxar								
32	Total of	unrelated business taxable income computed	from all unrelated trac	des or businesses (s	see instructions)		32	23	3,23	30.
33		s paid for disallowed fringes					33			
34	Charitat	ble contributions (see instructions for limitatio	n rules) <b>S</b>	тмт 5	STMT 6		34			5.
35		related business taxable income before pre-20				m of lines 32 and 33	35	23	3,22	25.
36	Deducti	on for net operating loss arising in tax years b	eginning before Janua	ary 1, 2018 (see inst	tructions)		36			
37	Total of	unrelated business taxable income before spe	cific deduction. Subtra	act line 36 from line	35		37	23	3,22	<u>25.</u>
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for except	tions)			38		1,00	00.
39	Unrelat	ed business taxable income. Subtract line 38	3 from line 37. If line 3	38 is greater than lin	ie 37,					
							39	22	2,22	25.
Part		Fax Computation								
40		ations Taxable as Corporations. Multiply line					40	4	4,60	67.
41	Trusts 1	Taxable at Trust Rates. See instructions for ta	ax computation. Incom	he tax on the amoun	nt on line 39 from	:				
	L Ta	ax rate schedule or Schedule D (Form	1041)			►	41			
42	-	ax. See instructions					42			
43	Alternat	ive minimum tax (trusts only)					43			
44		Noncompliant Facility Income. See instruction								
45		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies				45	4	4,60	67.
Part		Tax and Payments								
-		tax credit (corporations attach Form 1118; tru					_			
b							_			
C.							_			
d		or prior year minimum tax (attach Form 8801					-			
		edits. Add lines 46a through 46d					46e		1 6	<u>.</u>
47	Subtrac	t line 46e from line 45 ixes. Check if from: Form 4255					47		4,60	07.
48								<u> </u>	1 6	67
49		x. Add lines 47 and 48 (see instructions)							4,60	0.
50		et 965 tax liability paid from Form 965-A or Fo				1,449				0.
		ts: A 2018 overpayment credited to 2019				1,449				
		timated tax payments				1,200				
		osited with Form 8868 organizations: Tax paid or withheld at source				1,200	-			
		withholding (see instructions)					-			
		or small employer health insurance premiums					-			
		redits, adjustments, and payments:			511		-			
y			ther		► 51a					
52		ayments. Add lines 51a through 51g					52	1	3,74	49.
53	Estimat	ed tax penalty (see instructions). Check if Forr	n 2220 is attached	► X			53			7.
54		. If line 52 is less than the total of lines 49, 50			PATEMENT	2	54		9:	25.
55		yment. If line 52 is larger than the total of line				<u>-</u>	55	-		
56		e amount of line 55 you want: Credited to 202				Refunded	56	-		
Part		Statements Regarding Certain			ation (see ins	structions)		-		
57	At any t	ime during the 2019 calendar year, did the org	anization have an inte	rest in or a signatur	re or other author	rity			Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If '	'Yes," the organizati	on may have to fi	le				
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," (	enter the name of th	e foreign country	/				
	here	▶								Х
58	During	the tax year, did the organization receive a dist	ribution from, or was	it the grantor of, or	transferor to, a f	oreign trust?				Х
	lf "Yes,"	see instructions for other forms the organizat	ion may have to file.							
59	Enter th	e amount of tax-exempt interest received or a	ccrued during the tax	year 🕨 \$						
0:		Ider penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					ledge and	I belief, it is true,	,	
Sign		·····, -·······························	·····				May the I	RS discuss this	return w	rith
Here				_ TREAS	URER		the prepa	rer shown below	v (see	
		Signature of officer	Date	✓ Litle	1		-	ns)? X Ye	S	No
		Print/Type preparer's name	Preparer's signature	ł	Date	Check		FIN		
Paic	ł				11/10/0	self- employe				
-	Jarei	W. LYNDEL LACKEY	W. LYNDEL	LACKEY	11/13/2			2002342		
Use	Only		LLP			Firm's EIN		73-1413	397	/
		1225 N BRO Firm's address ► OKLAHOMA C			5 ZUU	Dhone	105	-848-20	าวก	
		TEILITS AUULESS 🖝 UN LAHUMA C	1 I T. UK / 1	111.3		L MODE DO	407-	-040-/1	170	

S Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation 🕨 N/A	<u> </u>				
1 Inventory at beginning of year			6 Inventory at end of yea	ar		6		
2 Purchases			7 Cost of goods sold. Si					
3 Cost of labor			from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
<b>b</b> Other costs (attach schedule)			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b				•	,,			
Schedule C - Rent Income (F		Property and	Personal Property L	eased	With Real Prop	erty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions directly	connected w	ith the income ir	n
(a) From personal property (if the perce rent for personal property is more th 10% but not more than 50%)	ntage of nan	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	columns 2(a) ar	id 2(b) (attach	n schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column (		ter ►		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
Schedule E - Unrelated Debt	-Financed	Income (see	e instructions)					
			2. Gross income from		3. Deductions directly cont to debt-finance		r allocable	
1. Description of debt-final	nced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)		Other deduction attach schedule)	
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct nn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					ter here and on page 1, art I, line 7, column (A).		here and on pag I, line 7, column (	
Totals			▶		0	.		0.
Total dividends-received deductions inc			-	·	•			0.

► 0 . Form **990-T** (2019)

Page 3

73-1474319

	DAYSPRING	; VILLA	WOMEN	&	CHILDREN'	Š
2019)	SHELTER,	INC.				

Schedule F - Intere	TER, IN st, Annuitie	s, Rovali	ties, and Re	ents From Co	ntrolle	d Organiza	73-14 Itions (see in	nstruction:	9 Page s)
				mpt Controlled C			(		-)
1. Name of controlled org	anization	<b>2.</b> Emp identifie num	cation (los	let unrelated income s) (see instructions)		otal of specified ments made	5. Part of column included in the cororganization's gros	ntrolling	6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Or	ganizations								
7. Taxable Income		Inrelated incom see instructions		Total of specified pay made	ments	in the controll	mn 9 that is included ing organization's s income		ductions directly connected income in column 10
(1)									
(2)									
(3)									
(4)									
otals Schedule G - Invest (see	ment Incor instructions)	ne of a S	Section 501	(c)(7), (9), or (	17) Org	ganization 3. Deductio	0.		0 5. Total deductions
1.	Description of inco	me		2. Amount o	income	directly conne (attach sched	ected 4. Se	t-asides schedule)	and set-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)									
				Enter here and Part I, line 9, c					Enter here and on page Part I, line 9, column (B).
Fotals				. ►	0.				0
Schedule I - Exploit		Activity	Income, Ot	her Than Ad	vertisir	ng Income			
(See I	nstructions)			4					
1. Description of exploited activity	unrelated incom	Gross I business le from business	3. Expenses directly connect with production of unrelated business incom	n minus colun	d trade or olumn 2 in 3). If a e cols. 5	5. Gross inco from activity f is not unrelat business inco	that attrib	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	page 1	re and on , Part I, col. (A).	Enter here and o page 1, Part I, line 10, col. (B)						Enter here and on page 1, Part II, line 25.

# Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) >	0.	0.				0.

923732 01-27-20

# DAYSPRING VILLA WOMEN & CHILDREN'S

Form 990-T (2019) SHELTER, INC. 73-14743
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

	2. Gross	-	4. Advertising gain	_			7. Excess readers	
1. Name of periodical	advertising income	<b>3.</b> Direct advertising costs	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		eadership costs	costs (column 6 mi column 5, but not n than column 4).	more
(1)								
(2)								
(3)								
(4)								
Totals from Part I 📃 🕨 🕨	0.	0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5) 🕨	0.	0.						0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)				
1. Name			<b>2.</b> Title	3. Perce time devo busine	ted to		ensation attributable related business	
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, Part II, li	ine 14	•		·				0.

Form **990-T** (2019)

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Page 5

# 73-1474319

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		800.
MARKETING		1,671.
CREDIT CARD CHARGES		590.
CONSIGNMENT PAYOUT		17,242.
SUPPLIES		1,385.
TELEPHONE		886.
RENT		10,394.
INSURANCE		241.
LICENSES AND PERMITS		14.
UTILITIES		3,886.
TOTAL TO FORM 990-T, PAGE	1, LINE 27	37,109.

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 2
TAX FROM FORM 990-T, PART UNDERPAYMENT PENALTY LATE PAYMENT INTEREST LATE PAYMENT PENALTY	r iv	918. 7. 9. 18.
TOTAL AMOUNT DUE		952.

FORM 990-T	LA	TE PAYMENT I	NTEREST		STA	rement 3
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
EXTENSION PAYMENT TAX DUE DATE FILED	05/15/20 07/15/20 11/13/20	-1,200. 2,118.	-1,200. 918. 927.	.0300	61 121	9.
TOTAL LATE PAYMENT	INTEREST					9.

## DAYSPRING VILLA WOMEN & CHILDREN'S SHELT

# 73-1474319

FORM 990-T	LATE PA	YMENT PENALT	Y	STA	TEMENT 4
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	07/15/20 11/13/20	918.	918. 918.	4	18.
TOTAL LATE PAYMENT F	ENALTY				18.
FORM 990-T	CONT	RIBUTIONS		STA	ATEMENT 5

DESCRIPTION/KIND OF PROPERTY	METHOD	USED	то	DETERMINE	FMV	AMOUNT	
PASSTHROUGH - MAGELLAN MIDSTREAM PARTNERS LP	N/A						1.
PASSTHROUGH - ENABLE MIDSTREAM PARTNERS	N/A						4.
TOTAL TO FORM 990-T, PAGE 2, LI	NE 34						5.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT	6
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	5		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	5 2,223		
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0 0 0		
ALLOWABLE CONTRIBUTIONS DEDUCTION			5
TOTAL CONTRIBUTION DEDUCTION			5

	ENTITY 2								
SCH	SCHEDULE M Unrelated Business Taxable Income from an								
(For	Form 990-T) Unrelated Trade or Business								
•	Unrelated frade of Dusiness								
	For calendar year 2019 or other tax year beginning, and ending								
Departr	ment of the Treasury	► Go to www.irs.gov/Form990T fo			formation.	Open to Public Inspection for			
Internal	Revenue Service	Do not enter SSN numbers on this form as it	may be	made public if your organ	ization is a 501(c)(3).	501(c)(3) Organizations Only			
Name	of the organization	DAYSPRING VILLA WOMEN &	CHI	LDREN'S	Employer identificat	ion number			
		73-14743	19						
U	Inrelated Business	Activity Code (see instructions) 🕨 52599	0						
D	escribe the unrelate	ed trade or business 🔹 🕨 INVESTMEN	T II	N PUBLICLY TR	ADED PARTNE	RSHIPS			
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
1a	Gross receipts or s	sales							
b	Less returns and allo	wances c Balance	1c						
2	Cost of goods sold	d (Schedule A, line 7)	2						
3		ract line 2 from line 1c	3						
4a		come (attach Schedule D)	4a	5.		5.			
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach Form 4797)	4b	25,797.		25,797.			
с	Capital loss deduc	tion for trusts	4c						
5	Income (loss) from	a partnership or an S corporation (attach							
	statement) STA	ATEMENT 7	5	-12,841.		-12,841.			
6	Rent income (Sche	edule C)	6						
7	Unrelated debt-fina	anced income (Schedule E)	7						
8	Interest, annuities,	, royalties, and rents from a controlled							
	organization (Sche	edule F)	8						
9		e of a section 501(c)(7), (9), or (17)							
		edule G)	9						
10		activity income (Schedule I)	10						
11		e (Schedule J)	11						
12		e instructions; attach schedule)	12	10.001		10.001			
13	Total. Combine lin	nes 3 through 12	13	12,961.		12,961.			
Par		Is Not Taken Elsewhere (See instruct nnected with the unrelated business in			ductions.) (Deduction	ons must be			
				•)	I	1			
14	•								
15	Salaries and wage	s							
16		enance							
17									
18		hedule) (see instructions)							
19		s							
20		ch Form 4562)							
21		claimed on Schedule A and elsewhere on return			21b				
22									
23 24									
24 25		programs							
25 26		penses (Schedule I)							
26 27		costs (Schedule J)							
27 28		(attach schedule)				0.			
28 29		Add lines 14 through 27			10 00	12,961.			
29 30		operating loss arising in tax years beginning on c			13 <b>29</b>				
00					30	0.			
31	/	s taxable income. Subtract line 30 from line 29				12,961.			
LHA		Reduction Act Notice, see instructions.				le M (Form 990-T) 2019			

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
MAGELLAN MIDSTREAM PARTNERS, LP PTP - ORDINARY BUSINESS	
INCOME (LOSS)	-548.
MAGELLAN MIDSTREAM PARTNERS, LP PTP - INTEREST INCOME	1.
MAGELLAN MIDSTREAM PARTNERS, LP PTP - DIVIDEND INCOME	2.
MAGELLAN MIDSTREAM PARTNERS, LP PTP - LOSS CARRYFORWARD	
FROM 201 - ORDINARY	-11,148.
ENABLE MIDSTREAM PARTNERS, LP PTP - ORDINARY BUSINESS	
INCOME (LOSS)	299.
ENABLE MIDSTREAM PARTNERS, LP PTP - OTHER NET RENTAL	
INCOME (LOSS)	2.
ENABLE MIDSTREAM PARTNERS, LP PTP - INTEREST INCOME	10.
ENABLE MIDSTREAM PARTNERS, LP PTP - LOSS CARRYFORWARD FROM	
2018 - ORDINARY B	-1,459.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-12,841.

Internal Revenue Service

# Capital Gains and Losses

OMB No. 1545-0123

Yes X No

g

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

Name

20 Employer identification number

73-1474319

▶[

DAYSPRING	; VILLA	WOMEN	&	CHILDREN'	S
SHELTER	TNC.				

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tay year?	

bid the corporation dispose of any investment(3) if	ra qualineu opportui	ity fund during the t	ax years	
If "Yes," attach Form 8949 and see its instructions	for additional require	ements for reporting	your gain or	loss.

F	Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
to e This	e instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	( <b>g</b> ) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (c)	n 9,	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
rou	nd off cents to whole dollars.	()	(		, 	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box C</b> checked					
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach computa	ation)			6	( )
	Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	ıh		7	
F	Part II Long-Term Capital Gai	ns and Losses (See i	instructions.)			
	instructions for how to figure the amounts needs to be a series on the lines below.	(h)	(e)	(g) Adjustments to gair	_	(h) Gain or (loss). Subtract
	s form may be easier to complete if you	( <b>d</b> ) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
rou	nd off cents to whole dollars.	(sales price)		Fart II, IIIIe 2, Column (g	)	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box D</b> checked					ļ
9	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box F</b> checked					
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	

Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 Note: If losses exceed gains, see Capital Losses in the instructions.

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Schedule D (Form 1120) 2019

0.

13

14

15

LHA

**14** Capital gain distributions

Internal Revenue Service

# Capital Gains and Losses

OMB No. 1545-0123 2019

Yes 🚺 No

Attach to Form 1120, 1120-FC, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

Name

#### DAYSPRING VILLA WOMEN & CHILDREN'S INC. SHELTER,

Employer identification number
--------------------------------

73-1	147	43	19
			Yes

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Ves." attach Form 8040 and see its instructions for additional requirements for reporting your asia

			gain or 1055.		
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)	_		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) <sub>Cost</sub>	<b>(g)</b> Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	า	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.	easier to complete if you (sales price) (or other basis) Part I, line 2, column (g)			, ,	combine the result with column (g)
<ul> <li>1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b</li> </ul>					
1b Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	( )
7 Net short-term capital gain or (loss). Combine				7	
Part II Long-Term Capital Gai	ns and Losses (See i	instructions.)			
See instructions for how to figure the amounts	(d)	(8)	( <b>a</b> ) A divetmente te seir	_	( <b>b</b> ) Cain an (lang) Subtract
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	( <b>g</b> ) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					
				11	5.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	nh		15	5.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	t short-term capital loss (line	e 7)	17	5.
18 Add lines 16 and 17. Enter here and on Form				18	5.

Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

# Underpayment of Estimated Tax by Corporations

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Form **2220** 

# Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number
73-1474319

Name DAYSPRING VILLA WOMEN & CHILDREN'S

S	HELTER	R, INC				
 -				 		

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	4,667.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term			
contracts or section 167(g) for depreciation under the income forecast method	2b		
<b>c</b> Credit for federal tax paid on fuels (see instructions)	20		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form.			
does not owe the penalty		4,667.	
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution:	If the tax is zero		
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 or	n line 5	4	2,518.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required	d to skip line A		
enter the amount from line 3	1 ,	5	2,518.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are cl	hecked, the corporation must	file Form 2220	
even if it does not owe a penalty. See instructions.	•		

6	The corporation is using the adjusted seasonal installment method.
•	The corporation to doing the adjusted cousenar metalinent method

7 The corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/19	06/15/19	09/15/19	12/15/19
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	630.	629.	630.	629.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	1,449.			
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		819.	190.	
13	Add lines 11 and 12	13		819.	190.	
14	Add amounts on lines 16 and 17 of the preceding column	14				440.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,449.	819.	190.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17			440.	629.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	819.	190.		
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if the	ere are no entries on lin	e 17 - no penalty is owed	I.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

# FORM 990-T

Form 2220 (2019)

# DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC.

# Part IV Figuring the Penalty

			(	a)	(b)	(C)			(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30								
	and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19							
)	Number of days from due date of installment on line 9 to the								
	date shown on line 19	20							
	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21							
	Underpayment on line 17 x Number of days on line 21 x 6% (0.06) 365	22	\$		\$	\$		\$	
	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23							
ļ	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$		\$	\$		\$	
5	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25							
6	Underpayment on line 17 x Number of days on line 25 x 5% (0.05) 365	26	\$		\$	\$		\$	
,	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27		SEE	ATTACHED	WORKSHEI	ST		
}	Underpayment on line 17 x Number of days on line 27 x 5% (0.05) 366	28	\$		\$	\$		\$	
)	Number of days on line 20 after 3/31/2020 and before 7/1/2020	29							
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$		\$	\$		\$	
I	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31							
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$		\$	\$		\$	
}	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33							
ļ	Underpayment on line 17 x Number of days on line 33 x *%	34	\$		\$	\$		\$	
5	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35							
5	Underpayment on line 17 x Number of days on line 35 x *%	36	\$		\$	\$		\$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$		\$	\$		\$	
;	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on F	orm 1120, lin	e 34; or the compara	able			
	line for other income tax returns						38	¢	7

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this

information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2019)

## FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

SHELTER, IN		(0)	(D)	(5) 73-1474	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			-
04/15/19	630.	630.			
04/15/19	-1,449.	-819.			
06/15/19	629.	-190.			
09/15/19	630.	440.	91	.000136986	
L2/15/19	629.	1,069.	12	.000136986	
12/27/19	-1,100.	-31.			
12/31/19	0.	-31.	136	.000136612	

\* Date of estimated tax payment, withholding credit date or installment due date.

Form <b>4797</b>	
Department of the Treasury Internal Revenue Service	

#### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return.

	OMB No. 1545-0184
	2019
	Attachment Sequence No. 27
lde	entifying number

73-1474319

# ► Go to www.irs.gov/Form4797 for instructions and the latest information.

#### Name(s) shown on return DAYSPRING VILLA WOMEN & CHILDREN'S SHELTER, INC.

(or substitute statement) that you are including on line 2, 10, or 20

### Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	us is and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
MA	GELLAN MIDSTREAM							
PA	RTNERS, LP PTP							5.
3	Gain, if any, from Form 4684, line 39	)					3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	5.
	<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
	Individuals, partners, S corporatio from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return							
8	Nonrecaptured net section 1231 los	8						
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er	nter the gain from l	ine 7 on line 12 bel	ow. If		
	line 9 is more than zero, enter the ar	nount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	long-term		
	capital gain on the Schedule D filed	with your return.	See instruction	s			9	5.

## Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):			
11	Loss, if any, from line 7	11	(	)
12	Gain, if any, from line 7 or amount from line 8, if applicable			
13	Gain, if any, from line 31	13		
14	Net gain or (loss) from Form 4684, lines 31 and 38a			
15	Ordinary gain from installment sales from Form 6252, line 25 or 36			
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824			
17	Combine lines 10 through 16	17		25,797.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines			
	a and b below. For individual returns, complete lines a and b below.			
а	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter th	e		
	loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any los	s		
	on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	. <b>18</b> a		
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1			
	(Form 1040 or Form 1040-SR), Part I, line 4	. 18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Form 4797 (2019) SHELTER, INC.

73-1474319

Page **2** 

Pa	Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)								
19	(a) Description of section 1245, 1250, 1252, 1254, c		(b) Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)					
Α									
В									
С									
D									
	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D			
20	Gross sales price ( <b>Note:</b> See line 1 before completing.)	20							
21	Cost or other basis plus expense of sale	21							
22	Depreciation (or depletion) allowed or allowable	22							
23	Adjusted basis. Subtract line 22 from line 21	23							
24	Total gain. Subtract line 23 from line 20	24							
25	If section 1245 property:								
а	Depreciation allowed or allowable from line 22	25a							
b	Enter the <b>smaller</b> of line 24 or 25a	25b							
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.								
а	Additional depreciation after 1975. See instructions $\dots$	26a							
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b							
c	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c							
c	Additional depreciation after 1969 and before 1976 $\ldots\ldots$	26d							
e	Enter the smaller of line 26c or 26d	26e							
f	Section 291 amount (corporations only)	26f							
g	Add lines 26b, 26e, and 26f	26g							
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.								
	Soil, water, and land clearing expenses	27a							
	Line 27a multiplied by applicable percentage	27b							
	Enter the <b>smaller</b> of line 24 or 27b	27c							
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a							
	Enter the smaller of line 24 or 28a	28b							
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a							
b	Enter the smaller of line 24 or 29a. See instructions	29b							

# Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30				
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31				
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion					
	from other than casualty or theft on Form 4797, line 6	32				
Pa	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less					

(see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				F 1707 (0010)