Form	990
FOIIII	220

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



B Charme of organization D Employer identification number THE SPRING SHELTER, INC. THE SPRING SHELTER, INC. Total States The seventer Doing business as Total States Total States The seventer Doing business as Total States Total States Doing business as Conscience/pict Conscience/pict Conscience/pict The seventy Conscience/pict Conscience/pict Conscience/pict The seventy Sound address Sound address The seventy Total States Sound address Total States Conscience/pict Conscience/pict The seventy Sound address Sound address Total states Total states Total states Sound address Sound address Sound address Total states	AF	or the	and 2021 calendar year, or tax year beginning and	ending		
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Image PO BOX 1588 918-245-4075 City or twom, state or province, country, and ZIP or foreign postal code Greess receipts 4 1,720,702. SAND SPRINGS, OK 74063-1588 Ha) ts this agroup return tor subordinates? Ves No Medication SAME SCABOVE Ha) ts this agroup return tor subordinates? Ves No I have sempt status: IS 501(c)() I (nset no) 4947(a)(1) or E27 H(a) ts this is color status is No I barevember status: IS 501(c)(0) Inset of organization: I (nset no) 4947(a)(1) or E27 H(a) ts this is color status is is on or most significant activities: TODAY AT THE SPRING, AND EVERY DAY WE OPEN OUR DOORS TO PROVIDE LOVE AND SAFETY TO VICTIMS AROUND 2 Check this box ▶ I the organization is continued its operations or disposed of more than 25% of its net assets. 3 100 A Number of independent voting members of the governing body (Part VI, line 1a) 4 10 4 10 5 Total number of inducates enjover 2021 (Part VI, line 2a) 5 3 37 6 1, 324, 226. 1, 522, 883. 9 Program service revenue (Part VIII, line 2a) 0. 0. 0.<		chang	e Doing business as		73-147433	19
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Privation Practing and address of principal officer, DESTLE CLINGENEED To estudordinates? To est abundantes included? Ty est No. I maxexempt status: X 001(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or 527 J website: WWW. THESPRINGOK.ORG H(C) Group exemption number beroid formation: H(C) Group exemption number beroid formation: No. FartI Summary Isstein to address of principal officer (ILS) and the set of formation: 1995 M State of legal domicile: OK PartI Summary Isstein to address of principal officer (ILS) and the set of formation: 1995 M State of legal domicile: OK PartI Summary Isstein to address of principal officer (ILS) and the set of formation: 1995 M State of legal domicile: OK PartI Summary Isstein to address of principal officer (ILS) and the set of formation: 1995 M State of legal domicile: OK PartI Summary Isstein to address of principal officer (ILS) and the set of formation: 1995 M State of legal domicile: OK PartI Summary Isstein to address of principal officer (ILS) and the set of formation: 1995 M State of legal domicile: OK PartI DAY WE OPEN OUR DORS TO PROVIDE LOVE AND SAFETY TO VICTIMS AROUND 100 100 2 Check this		return	SAND SPRINGS, OK 74003-1388		H(a) Is this a group re	
SARE AS C ABOVE H(b) Are all subcontable include?] \Fest No I Taxexempt status: X 3010(x) 501(c) () ◆ (insert no.) 4947(a)(1) or 527 H(b) Are all subcontable include?] \Fest No J Website: ▶ WWW. THESPRINGOK.ORG H(c) Group exemption number ▶ K form of organization; X Corporation Trust Association Other ▶ L Year of formation: 1995 M State of legal domicile; OK PartII Summary I Briefly describe the organization's mission or most significant activities: TODAY AT THE SPRING, AND EVERY DAY WE OPEN OUR DOORS TO PROVIDE LOVE AND SAFETY TO VICTIMS AROUND 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of vining members of the governing body (Part VI, line 1a) is 1 00 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 5 37 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 3119 7a Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 312 7a total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 319 7a total number of othurteres (estimate if necessary) 6 1729.53, 779.1 7a total number of individuals employed in calendar year 2021 (Part VI, line 2a) 1, 324, 226.1, 522, 883.1 9 Program service revenue (Part VIII, inne 2g) 0.00.0.0.0.0.0		tion	F Name and address of principal officer: DESDIE CLINGENFEED		for subordinates	? Yes X No
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K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1995 M State of legal domicile: OK Part I Summary Interview Interview<				or 527	If "No," attach a	list. See instructions
Part I Summary 1 Briefly describe the organization's mission or most significant activities: TODAY AT THE SPRING, AND EVERY DAY WE OPEN OUR DOORS TO PROVIDE LOVE AND SAFETY TO VICTIMS AROUND 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 10 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 10 5 Total number of independent voting members of the governing body (Part VI, line 2a) 5 37 6 Total number of volunteers (estimate if necessary) 6 319 7a Total numelated business revenue from Form 990-T, Part I, line 11 7a 27, 547. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 61, 729. 53, 779. 10 Investment income (Part VIII, column (A), lines 4, and 7d) 130, 797. 65, 741. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 0. 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0						
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DAY WE OPEN OUR DOORS TO PROVIDE LOVE AND SAFETY TO VICTIMS AROUND 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 100 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 100 5 Total number of independent voting members of the governing body (Part VI, line 1b) 4 100 6 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 377 6 Total number of volunteers (estimate if necessary) 6 3119 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 27,547. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. 9 Program service revenue (Part VIII, line 2f) 0.0.0.0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,729.53,779. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 130,797.65,741. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 1,516,752.1,642,403. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 978,060.912,970. 16 Professional fundraising expenses (Part IX, column (A), line 25) 114,677. 17 Other expenses (Part IX, column (A), line 25) 11	Pa					
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 978,060. 912,970. 16a Professional fundraising fees (Part IX, column (A), line 11e) 15,000. 8,071. b Total fundraising expenses (Part IX, column (D), line 25) 114,677. 17 Other expenses. (Part IX, column (A), line 11e, 11d, 11f-24e) 510,478. 595,753. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,503,538. 1,516,794. 19 Revenue less expenses. Subtract line 18 from line 12 3,707,898. 4,165,991. 20 Total assets (Part X, line 16) 3,707,898. 4,165,991. 21 Total liabilities (Part X, line 26) 3,675,677. 4,113,455.	ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 978,060. 912,970. 16a Professional fundraising fees (Part IX, column (A), line 11e) 15,000. 8,071. b Total fundraising expenses (Part IX, column (D), line 25) 114,677. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 510,478. 595,753. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 1,503,538. 1,516,794. 19 Revenue less expenses. Subtract line 18 from line 12 13,214. 125,609. 20 Total assets (Part X, line 16) 3,707,898. 4,165,991. 21 Total liabilities (Part X, line 26) 32,221. 52,536. 22 Net assets or fund balances. Subtract line 21 from line 20 3,675,677. 4,113,455.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
11 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 978,060. 912,970. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 978,060. 912,970. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 15,000. 8,071. b Total fundraising expenses (Part IX, column (D), line 25) 114,677. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 510,478. 595,753. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,503,538. 1,516,794. 19 Revenue less expenses. Subtract line 18 from line 12 13,214. 125,609. 20 Total assets (Part X, line 16) 3,707,898. 4,165,991. 21 Total liabilities (Part X, line 26) 32,221. 52,536. 22 Net assets or fund balances. Subtract line 21 from line 20 3,675,677. 4,113,455.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-	
16a Professional fundraising fees (Part IX, column (A), line 11e) 15,000.8,071. b Total fundraising expenses (Part IX, column (D), line 25) 114,677. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 510,478.595,753. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,503,538.1,516,794. 19 Revenue less expenses. Subtract line 18 from line 12 13,214.125,609. 20 Total assets (Part X, line 16) 3,707,898.4,165,991. 21 Total liabilities (Part X, line 26) 32,221.52,536. 22 Net assets or fund balances. Subtract line 21 from line 20 3,675,677.4,113,455.		14	Benefits paid to or for members (Part IX, column (A), line 4)		-	
17 Other expenses (1 at X), column (A), lines 11 at H0, 111246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 13, 214. 11 125, 609. 12 13, 214. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 14. 14 125, 609. 15 13, 214. 14 125, 609. 15 13, 707, 898. 14 165, 991. 15 3, 675, 677. 14 113, 455.	es					
17 Other expenses (1 at X), column (A), lines 11 at H0, 111246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 13, 214. 11 125, 609. 12 13, 214. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 14. 14 125, 609. 15 13, 214. 14 125, 609. 15 13, 707, 898. 14 165, 991. 15 3, 675, 677. 14 113, 455.	sus	16a			15,000.	8,071.
17 Other expenses (1 at X), column (A), lines 11 at H0, 111246) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 13, 214. 11 125, 609. 12 13, 214. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 125, 609. 13 14. 14 125, 609. 15 13, 214. 14 125, 609. 15 13, 707, 898. 14 165, 991. 15 3, 675, 677. 14 113, 455.	ъря		• • • • • • • • • •			
19 Revenue less expenses. Subtract line 18 from line 12 13,214. 125,609. bgggggggggggggggggggggggggggggggggggg	ш					-
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,707,898. 4,165,991. 21 Total liabilities (Part X, line 26) 32,221. 52,536. 22 Net assets or fund balances. Subtract line 21 from line 20 3,675,677. 4,113,455.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
20 Total assets (Part X, line 16) 3,707,898. 4,165,991. 21 Total liabilities (Part X, line 26) 32,221. 52,536. 22 Net assets or fund balances. Subtract line 21 from line 20 3,675,677. 4,113,455.		19	Revenue less expenses. Subtract line 18 from line 12			
	s or			Be		
	sset: talar	20				
	st As	21				
					3,675,677.	4,113,455.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Date Sign RON LUNDIN, TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature ASHLEY M. FOGLE ASHLEY M. FOGLE 11/14/22 P01258800 self-e<u>mployed</u> Paid Firm's name HOGANTAYLOR LLP Firm's EIN ► 73-1413977 Preparer Firm's address 1225 N BROADWAY AVENUE, SUITE 200 Use Only Phone no. 405-848-2020 OKLAHOMA CITY, OK 73103 X Yes May the IRS discuss this return with the preparer shown above? See instructions No Form 990 (2021) 132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) THE SPRING SHELTER, INC.	73-1474319	Page 2
Par	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:		
	PROVIDING ADVOCACY, A SAFE ESCAPE, AND ONGOING CHRIST-LIN VICTIMS OF DOMESTIC VIOLENCE, SEXUAL VIOLENCE, AND HUMAN		
	TRAFFICKING.	DHA	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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?	Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as r	manufad by avaanaa	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		d
	revenue, if any, for each program service reported.		u
4a	(Code:) (Expenses \$960,610including grants of \$) (Reven	ue\$38,1	L94.)
	THE SPRING SHELTER IS ONE OF ONLY TWO CERTIFIED SHELTERS)
	AND SEXUALLY ASSAULTED ADULTS AND THEIR CHILDREN IN THE '		
	AREA, AND THE ONLY FAITH-BASED CERTIFIED DOMESTIC VIOLEN		1
	THE STATE OF OKLAHOMA. IN APRIL 2012 THE SPRING SHELTER		
	FIRST SHELTER IN OKLAHOMA TO BE CERTIFIED TO HELP ADULT Y HUMAN SEX TRAFFICKING. THROUGH SPIRITUAL GUIDANCE, ADVOC		
	SUPPORT, SOCIAL SERVICES AND GOAL-BASED PROGRAMS, SPRING		<u></u>
	ADULTS IN CRISIS TRANSFORM THEIR LIVES TO EMERGE STRONG,		
	AND SELF-SUFFICIENT. SPRING SHELTER PROVIDES FOOD, SHELT		
	TRANSPROTATION, AND VITAL LIFE TOOLS FOR AS MANY AS 66 AN		
	CHILDREN AT ONE TIME.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	10 ¢	
τc	(Code:) (Expenses a) (Neven	Je \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 960,610.	Q	90 (2021)
132002	12-09-21	Form 9	e (2021)
102002	3		

Form 990 (2021) THE SPRING SHELTER, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	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?			v
	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		v	
	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,	44.	х	
L	Part VI	<u>11a</u>	А	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
	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		Ļ
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	0000	Х
132003	12-09-21	Form	990	(2021)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		- 22
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
20	"Yes," complete Schedule L, Part IV	29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	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	~~		v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		x	
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	~	<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			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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?			v
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ra				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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orm	990 (2021) THE SPRING SHELTER, INC.	73-147	4319	Ρ	_{age} 5
Pai	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,	2a 31	7		
h	filed for the calendar year ending with or within the year covered by this return		/ 2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction:		20	Λ	
32			3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	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 Ad	counts (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 transact		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g L	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization maintaining depart advised funds. Did a depart advised fund maintained		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organization have excess business nothings at any time during the year?		0		
э а			9a		
			9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	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		
	Note: 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			
с	Enter the amount of reserves on hand	13c			
4a	o o o o o o o o o o		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				<u>-</u> -
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
			16		X
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	10		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
6 7	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	any	17		

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Form 990	(2021)
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Section A. Governing Body and Management

THE SPRING SHELTER, INC.

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Yes No

 4_{1}

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. X

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

					res	INO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-	10		
	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		10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t					
•				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form					x
5	Did the organization become aware during the year of a significant diversion of the organization's as			···		x
6	Did the survey institute have an end on the state of the state of the			5		X
7a				7-		x
	more members of the governing body?			. <u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,			 .		
-	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the	following:		37	
а					X	
b	, , , , , , , , , , , , , , , , , , , ,			<mark>8b</mark>		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 10 a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b						X
с						
	on Schedule O how this was done	, -		120	х	
13	Did the organization have a written whistleblower policy?				Х	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approv					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
-	The organization's CEO, Executive Director, or top management official			15a	x	
a	Other officers or key employees of the ergenization			. 15a		x
D D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	th a			
104				16-		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			. 16 a		
D		-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			10		
500	exempt status with respect to such arrangements?			. 16b		
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	I (section 501(c)	(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other <i>(expla</i>		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict o	f interest policy,	and finar	ncial	
	statements available to the public during the tax year.					
20	· · · · · · · · · · · · · · · · · · ·					
	RON LUNDIN - (918) 245-4075					
	P.O. BOX 1588, SAND SPRINGS, OK 74063-1588					
13200	6 12-09-21			For	m 990	(2021)
	7					
130211	L14 795132 DAY004 2021.05000 THE SPR:	ING S	SHELTER,	INC.	DA	Y00

Form 990 (2021) THE SPRING SHELTER, INC.	73-1474319	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated				
Employees, and Independent Contractors					
Check if Schedule O contains a response or note to any line in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.					
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regar	dless of amount of compens	sation.			

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is bott officer and a director/trus				than o s both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LESLIE CLINGENPEEL INTERIM EXECUTIVE DIRECTOR	45.00			x				67,470.	0.	14,352.
(2) PAM BROCK	5.00		<u> </u>	<u> </u>				07,470.	0.	
HR CHAIR	5.00	x		x				0.	0.	0.
(3) BOB GREEN	5.00								0.	0.
PRESIDENT	5.00	х		x				0.	0.	0.
(4) TYRELL HUGHES	5.00							Ŭ		
VICE PRESIDENT		x		x				0.	0.	0.
(5) RON LUNDIN	5.00									
TREASURER		х		x				0.	0.	0.
(6) TAYLOR SMITH	5.00									
SECRETARY		х		x				0.	0.	0.
(7) RADHIKA AUSSIEKER	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JENNIFER HASTE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROBERT MARSHALL	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) KAREN PIRTLE	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MARLENE WEST	3.00									-
BOARD MEMBER		Х						0.	0.	0.
		-								
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form **990** (2021)

13021114 795132 DAY004

	990 (2021) THE SPRIM	IG SHELT	'ER	2,	IN	Ċ.				73-14	174	319	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle:	ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations	in I S	an com	(F) stimate nount other pensa	of tion
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		org an	om the anizat d relat anizatio	ion ed
	Subtotal								67,470.		0.	1	4,3	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.67,470.		0.	1	4,3	0. 52.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			0
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			•	-		Ŭ	• • •			3		x
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from the	he organization				x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,										4		<u> </u>
Sec	rendered to the organization? <i>If</i> "Yes," com ion B. Independent Contractors	plete Schedule	e J fo	or st	ich p	bers	on .					5		Х
1	Complete this table for your five highest cor										ensat	tion fro	om	
	the organization. Report compensation for t (A)	<u>the calendar ye</u>	ear e	endir	ng w	ith c	or wi	thin	<u>the organization's tax y</u> (B)	ear.		(0)	
	Name and business	address	NC	ONE	2				Description of s	ervices	C	ompe	nsatio	n
								_						
2	Total number of independent contractors (ir	•	ot lin	niteo	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				0	,			l		Form	990 (2	2021)

132008 12-09-21

				SHELTER, I	INC.		73-1474	319 Page 9
Par	t VII	Statement of Re	venue					
		Check if Schedule O	contains a respon	se or note to any			(2)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
s s	1 a	Federated campaigns	1a					
			1b					
contributions, Gints, Grants and Other Similar Amounts	с	Fundraising events	1c					
		Related organizations		690,449	•			
2 ili		Government grants (contr		240,705				
ű ő		All other contributions, gifts,						
her u		similar amounts not included		591,729				
įð	a	Noncash contributions included in			-			
	9 h	Total. Add lines 1a-1f			1,522,883.			
) (0				Business Code				
	• •			Business Cou				
2	2 a							
ne e	b							
e Di	с							
e e	d							
Program service Revenue	е			_				
	f	All other program service						
	g	Total. Add lines 2a-2f						
	3	Investment income (includ						
		other similar amounts)		►	52,056.			52,056
	4	Income from investment of						
	5	Royalties	<u>.</u>					
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
		Less: rental expenses	6b					
	c	Rental income or (loss)	6c		-			
		Net rental income or (loss)	\					
		Gross amount from sales of) (i) Securitie					
	<i>i</i> a	assets other than inventory	7a 80,022		-			
			7a 00,022	4 •	-			
~	a	Less: cost or other basis	- 70 200					
venue		and sales expenses	7b 78,299		-			
		Gain or (loss)	7c 1,72		1 000			1 700
Other Re		Net gain or (loss)	ſ	·····	1,723.			1,723.
her	8 a	Gross income from fundraisi						
ō		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a				
	b	Less: direct expenses		8b				
		Net income or (loss) from		s Þ				
		Gross income from gamin	- 1					
		Part IV, line 19	-	9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from						
		Gross sales of inventory, I	I					
	10 a	•		10a 45,465				
	Ŀ.	and allowances						
		Less: cost of goods sold				17,918.	27,547.	
-+	С	Net income or (loss) from	sales of inventory		45,465.	17,910.	47,547.	
2		MTGODI I MIDOUS		Business Code		20.076		
eor	11 a	MISCELLANEOUS	KEVENUE	900099	20,276.	20,276.		
	b							
	С			_				
le ve		A 11 11						
Reve	d	All other revenue						
miscellaneous Revenue		All other revenue			20,276.	38,194.	27,547.	53,779.

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Form 990 (2021
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THE SPRING SHELTER, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	76 662	27 207	26 012	10 460
~	trustees, and key employees	76,662.	37,387.	26,813.	12,462
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	624,571.	523,237.	67,320.	34,014
7	Other salaries and wages	024,371.	545,457.	07,520.	54,014
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	138,498.	13,555.	124,654.	289
9	Other employee benefits	73,239.		73,239.	209
0 1	Payroll taxes	15,259.		15,259.	
1	Fees for services (nonemployees):				
a h	F	64,198.		58,264.	5,934
b	• • • • • • • • • • • • • • • • • • •	04,190:		50,2011	5,554
с С	9 F				
d e		8,071.			8,071
f	Investment management fees	070710			0,0,1
g					
9	column (A), amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	8,426.			8,426
3	Office expenses	43,168.	14,324.	25,136.	3,708
4	Information technology				
5	Royalties				
16	Occupancy	178,624.	150,217.	28,407.	
7	Traval	4,055.	3,215.	504.	336
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	41,437.			41,437
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	101,802.	81,442.	20,360.	
3	Insurance	37,200.	29,760.	7,440.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
-	amount, list line 24e expenses on Schedule 0.)	29,747.	28,764.	983.	
a h	FEES	5,269.	20,704.	5,269.	
b	SUPPLIES	5,051.	3,437.	1,614.	
с С	REPAIRS AND MAINTENANCE	2,369.	1,777.	592.	
d		74,407.	73,495.	912.	
	All other expenses	1,516,794.	960,610.	441,507.	114,677
5	Total functional expenses. Add lines 1 through 24e	1,J10,/J4•	J00,010.		,0//
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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132010 12-09-21

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Form 990 (2021)

Form 990 (2021)

THE SPRING SHELTER, INC. Part X | Balance Sheet

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

(A) Beginning of year (B) End of year 361,680. 388,432. 1 1 Cash - non-interest-bearing 28,485. 125,608. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 15,100. 0. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 0. 5,000. 8 Inventories for sale or use 8 2,400. 9 Prepaid expenses and deferred charges 0. 9 **10a** Land, buildings, and equipment: cost or other 2,794,352. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 1,144,937. 1,605,511. 1,649,415. 10c 1,692,122. 2,000,136. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 3,707,898. 4,165,991. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 32,221. 52,536. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 32,221. 52,536. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,447,357. 27 2,547,197. 27 Net assets with donor restrictions 1,228,320. 1,566,258. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,675,677. 4,113,455. Total net assets or fund balances 32 32 3,707,898. 4,165,991. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

Form	1990 (2021) THE SPRING SHELTER, INC.	73-14	74319	Pag	_{ge} 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	1,642	2,4	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,516		
3	Revenue less expenses. Subtract line 2 from line 1	3	125	5,6	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,675		
5	Net unrealized gains (losses) on investments	5	312	2,10	<u>69.</u>
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	4,113	3,4	<u>55.</u>
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 on Schedule	0.			
2a			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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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				37
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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			37
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

ı.

Name of the organization

Name o	f the organization							identification number
		SPRING SHEI						3-1474319
Part I	Reason for Public (Charity Status.	(All organizations mu	st complete t	his part.) Se	e instruction	S.	
The org	anization is not a private found	ation because it is: (F	For lines 1 through 12	2, check only	one box.)			
1 📃	A church, convention of ch	urches, or association	on of churches descril	ped in section	on 170(b)(1))(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (F	orm 990).)				
з 🔄	A hospital or a cooperative							
4	A medical research organiz	ation operated in con	njunction with a hosp	ital describec	l in section	170(b)(1)(A)	(iii). Enter	the hospital's name,
	_ city, and state:							
5	An organization operated for		llege or university ow	ned or operat	ed by a gov	/ernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	-				-		
7 X	U	-	ntial part of its suppo	rt from a gove	ernmental u	init or from th	e general j	public described in
	section 170(b)(1)(A)(vi). (C							
8	A community trust describe			-				
9 🗌	An agricultural research org				-		-	-
	or university or a non-land-g	grant college of agricu	ulture (see instruction	is). Enter the	name, city,	and state of	the college	e or
	university:							
10	An organization that norma							
	activities related to its exen	• • •	•					
	income and unrelated busin		(less section 511 tax)	from busines	sses acquire	ed by the org	anization a	atter June 30, 1975.
44 🔽	See section 509(a)(2). (Col	•	walk to toot for public	aafatu Caa	eastion FO	0(-)(4)		
11 L	An organization organized a	•		2			n out the	purpassa of ana ar
	more publicly supported or	-	-				•	
	lines 12a through 12d that	-		-				
a	Type I. A supporting orga	• •			-		-	aivina
u L	the supported organization	-	-		-			
	organization. You must o		• • • •	or a majority c				apporting
b	Type II. A supporting org	-		ection with it	s supporter	d organizatio	n(s) by hay	vina
~ _	control or management o	-				-		-
	organization(s). You mus)	
c	Type III functionally inte	-		ed in connec	tion with. a	nd functional	v integrate	ed with.
	its supported organization						, ,	
d	Type III non-functionally		-				ted organiz	zation(s)
	that is not functionally int	egrated. The organiza	ation generally must	satisfy a distr	ibution requ	uirement and	an attentiv	veness
	requirement (see instruct	ions). You must com	nplete Part IV, Section	ons A and D,	and Part V	Ι.		
е [Check this box if the orga	anization received a w	written determination	from the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, or	Type III non-function	nally integrated suppo	orting organiz	ation.			
f Er	nter the number of supported o	organizations						
g Pi	rovide the following information							1
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-1	in your govorn	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions	V v v	No	support (see in	structions)	support (see instructions)
					┥ ┥			
Total								
iuldi								1

THE SPRING SHELTER, INC.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	863,962.	909,010.	1105212.	1324226.	1522883.	5725293.
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		000 010	1105010	1204006	1 - 0 0 0 0 0	
	Total. Add lines 1 through 3	863,962.	909,010.	1105212.	1324226.	1522883.	5725293.
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)						<u>373,714.</u> 5351579.
	Public support. Subtract line 5 from line 4.						5351579.
		(-) 0017	(1-) 0010	(-) 0010	(1) 0000	(-) 0001	(0) T . + .
	ndar year (or fiscal year beginning in)	(a) 2017 863,962.	(b) 2018 909,010.	(c) 2019 1105212.	(d) 2020 1324226.	(e) 2021 1522883.	(f) Total 5725293 •
	Amounts from line 4	005,902.	909,010.	IIUJZIZ.	1524220.	1322003.	5725295.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	69,605.	71,220.	51,724.	49,582.	52,056.	294,187.
~	and income from similar sources	09,005.	11,220.	J1,/24.	49,302.	52,050.	294,107.
9							
	activities, whether or not the	13,681.	10,989.	64,667.	63,083.	27,547.	179,967.
40	business is regularly carried on	15,001.	10,505.	01,007.	03,003.	27,547.	119,507.
10	Other income. Do not include gain or loss from the sale of capital						
	•	38,907.	6,582.	8.	16,947.	20,276.	82,720.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	50,507.	0,502.	0.	10,547.	20,270.	6282167.
	Gross receipts from related activities,					12	81,719.
	First 5 years. If the Form 990 is for th	`	,	fourth or fifth tax y			01,715.
13	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	85.19 %
	Public support percentage from 2020		•			15	78.09 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	achien	5	
b	10% -facts-and-circumstances test	-			-		
-	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•		• •		
							(Form 990) 2021

or expended on its behalf	

5	The value of services or facilities
	furnished by a governmental unit to
	the organization without charge

Schedule A (Form 990) 2021

Calendar year (or fiscal year beginning in) 🕨

 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
 Gross receipts from activities that are not an unrelated trade or business under section 513
 Tax revenues levied for the organization's benefit and either paid to

- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disqualified persons
 b Amounts included on lines 2 and 3 received

from other than disqualified persons that	L
exceed the greater of \$5,000 or 1% of the	L
amount on line 13 for the year	L
c Add lines 7a and 7b	

8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
check this box and stop here						>
Section C. Computation of Publi	c Support Pe	rcentage			, , , , , , , , , , , , , , , , , , , ,	
15 Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Incom	e Percentage			, ,	
17 Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly s	supported organiza	ition	
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

(f) Total

(e) 2021

(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.)
Section A. Public Support

(b) 2018

INC.

(c) 2019

(d) 2020

THE SPRING SHELTER,

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

(a) 2017

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16

THE SPRING SHELTER, INC.

1

2

3a

3b

Yes No

Part IV Supporting Organizations

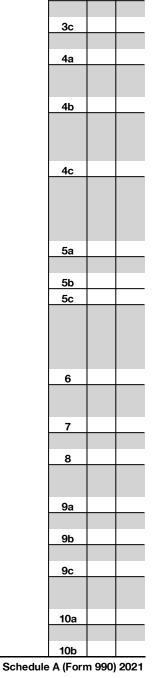
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Schedule A	(Form 990)	2021 (

THE SPRING SHELTER, INC.

1

2

No

Yes No

Pa	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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated supervised or controlled the organization's activities. If the organization had more than one supported		

enectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Supervised		ne supporting o	nganization.
Section C. T	ype II Suppo	orting Organ	nižations

 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
 Image: Control organization was vested in the same persons that controlled or managed
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Sec	ction D. All Type III Supporting Organizations		
			Yes
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b 🔄	The organization is the parent of each of its supported organizations.	Complete line 3 below.
-----	--	------------------------

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ction <u>s).</u>
---	------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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			(B) Current Year	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 0.035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
ection C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see	

 Schedule A (Form 990) 2021
 THE SPRING SHELTER, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 THE SPRING SHELTER, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions		1		Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	I	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				

Schedule A (Form 990) 2021

8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

David	(Form 990) 2021	THE	SPRING	SHELTER,	INC.	73-1474319 _{Pag}
Part VI	Section D, lines 5, 6,	formation. es 1, 2, 3b, 3c n D, lines 2 and and 8; and Pa	Provide the , 4b, 4c, 5a, d 3; Part IV, S rt V, Section	explanations requ 6, 9a, 9b, 9c, 11a, Section E, lines 1c E, lines 2, 5, and (uired by Part II, line , 11b, and 11c; Par e, 2a, 2b, 3a, and 3 6. Also complete th	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V, his part for any additional information.
	(See instructions.)					
						Schedule A (Form 990) 2

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

7	THE SPRING SHELTER, INC.	73-1474319
Organization type (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

73-1474319

THE SPRING SHELTER, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 240,705. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 55,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 62,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

73-1474319

THE SPRING SHELTER, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	

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Schedule I	B (Form 990) (2021)		Page	, 4
Name of o	rganization		Employer identification number	
THE SI	PRING SHELTER, INC.		73-1474319	
Part III	Exclusively religious, charitable, etc., contributi		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year	r
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ry. For organizations ess for the year. (Enter this info. once.) \$	
(-) N -	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				-
				-
-		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				-
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
	Transferee's name, address, a	nd 7I P ± 4	Relationship of transferor to transferee	
-				
				-
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
				-
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				•
-		(e) Transfer of gift		—
	Transferee's name, address, a		Relationship of transferor to transferee	
				-
				-
		•		

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Schedule B (Form 990) (2021)

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00		Sunnlement	al Financial State	monte	I	OMB No. 1545-0047
	HEDULE D		anization answered "Yes" on			2021
(Form	1 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f			ZUZI
	Partment of the Treasury ► Attach to Form 990. Provide a service ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
	e of the organizati				Employer	identification number
		THE SPRING SHELTER	, INC.			3-1474319
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Simila	ar Funds or Aco	counts. (Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised fund	ds (k	b) Funds and	l other accounts
1	Total number at er	nd of year				
2	Aggregate value of	f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in	-			
		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a	• •			
	impermissible priv	oses and not for the benefit of the donor o			0	
Par		ation Easements. Complete if the org	nanization answered "Ves" on			Yes No
1		servation easements held by the organization		10111330, 1 at 10, 1		
•		of land for public use (for example, recrea	· · · · ·	servation of a histor	rically import	ant land area
		f natural habitat	, <u> </u>	servation of a certifi	• •	
		n of open space				
2		through 2d if the organization held a qualit	ied conservation contribution i	in the form of a con	servation ea	sement on the last
	day of the tax year			ſ		t the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a hist	oric structure		
	listed in the Nation	nal Register			2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or termin	ated by the organiz	ation during	the tax
	year 🕨					
4		where property subject to conservation eas				
5		tion have a written policy regarding the per		andling of		
		orcement of the conservation easements if				Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enf	orcing conservation	1 easements	during the year
-						
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcin	g conservation ease	ements duri	ng the year
8		vation easement reported on line 2(d) abov	o satisfy the requirements of s	oction 170/b)(1)(P)(i	\	
0		(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
Ū		d include, if applicable, the text of the footr				he
	organization's acc	ounting for conservation easements.				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasur	es, or Other Si	milar Ass	ets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue s	statement and balar	nce sheet wo	orks
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or re	search in furtherand	ce of public	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes	s these items.		
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	of public ser	vice,
	-	ng amounts relating to these items:				
		ded on Form 990, Part VIII, line 1			► \$	
	.,				▶ \$	
2	-	received or held works of art, historical tre			rovide	
	•	unts required to be reported under FASB A	•			
a		on Form 990, Part VIII, line 1			► \$	
b	Assets included in	Form 990, Part X			▶ \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

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2021.05000	THE	SPRING	SHELTER,	INC.

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Sche		ING SHELTER				73-14	7431	Э Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	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	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's e	xempt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	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 co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes"	on Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets n	ot included				
	on Form 990, Part X?					🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fe				ability?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, lir	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	1,187,757.	1,246,276.	1,059,044	4. 1,	145,461.		592,	715.
b	Contributions					3,472.		523,	021.
с	Net investment earnings, gains, and losses	203,471.	-55,047.	187,233	2.	-89,889.		44,	790.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	30.	-3,472.					14,	995.
f	Administrative expenses								70.
g	End of year balance	1,391,198.	1,187,757.	1,246,276	6. 1,	059,044.	1	,145,	461.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment ► 87.4210	%							
с	Term endowment ► 12.5790	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered fo	r the organiz	ation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	Х	
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	• •) Accumulat		(d) Boo	k valu	е
		basis (investm	nent) basis	· · · ·	depreciation	<u>۱</u>			
	Land			5,000.					00.
	Buildings			1,643.	333,4		1,08		
с	Leasehold improvements			3,669.	447,0			6,6	
d	Equipment			1,574.	306,6			4,9	
	Other			2,466.	57,7			4,6	
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. column (B), line 1	0c.)	<u></u>		1,64	-	
						Schedule	D (Forn	n 990)	2021

Schedule D (Form 990) 2021 THE SPRING SHELTER, IN	NG SHELTER, INC.

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)	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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	۰.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	

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) 2021

132053 10-28-21

(7) (8) (9)

Sche	dule D (Form 990) 2021 THE SPRING SHELTER,	INC.	73-	-1474319 Page 4
Par	t XI Reconciliation of Revenue per Audited Financia	al Statements With F		
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts		1,954,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	312,169.	
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	312,169.
3	Subtract line 2e from line 1			1,642,403.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I.		1,642,403.	
Pa	t XII Reconciliation of Expenses per Audited Financ	ial Statements With	Expenses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,516,794.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,516,794.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I. line 18.)		1,516,794.
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.

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PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

Schedule D (Form 990) 2021

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SCHEDULE O (Form 990)

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



73-1474319

THE SPRING SHELTER, INC.

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

THE STATE OF OKLAHOMA AND THE UNITED STATES. THE SPRING REPRESENTS A

NEW SEASON OF LIFE FOR THOSE SEEKING REFUGE AND HEALING. OUR VISITORS

ARE STEPPING OUT OF A DARK AND TIRESOME TIME SEEKING LIFE-CHANGING

FREEDOM AND A NEW-FOUND HOPE IN GOD!

PROVIDING A SAFE-HAVEN AND ONGOING CARE FOR VICTIMS OF DOMESTIC

VIOLENCE, SEXUAL VIOLENCE, AND HUMAN SEX-TRAFFICKINGNO MATTER THE

LENGTH OF TIME OF A SURVIVOR'S STAY, OUR TEAM IS DEDICATED TO BUILDING

A FIRM SPIRITUAL FOUNDATION, RESTORING EMOTIONAL HEALTH, AND PROVIDING

PRACTICAL SOLUTIONS TO MEET THEIR NEEDS.

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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990) 2021
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Schedule O (Form 990) 2021	Page 2
Name of the organization THE SPRING SHELTER, INC.	Employer identification number 73-1474319
HIS/HER RESPONSIBILITIES TO THE BOARD. A BOARD MEMBER OR C	ORPORATE OFFICER
WITH A CONFLICT OF INTEREST (PERCEIVED OR OTHERWISE) SHALL	DECLARE HIS/HER
CONFLICT AND REFRAIN FROM ANY FURTHER DISCUSSION OR VOTE OF	N MATTERS
PERTAINING TO THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ANNUALLY EVALUAT	ING THE EXECUTIVE
DIRECTOR AND DETERMINING THE FINANCIAL COMPENSATION FOR TH	IS POSITION. WHEN

MAKING ALL RECOMMENDATIONS TO THE FINANCE COMMITTEE THE PERSONNEL COMMITTEE

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	IEDULE R
/	

(Form 990)

(1 0111 000)

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.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number 73 - 1474319

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE SPRING SHELTER, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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				THE SPRING SEHLETER,
SAND SPRINGS, OK 74063	CHILDREN'S SHELTER	OKLAHOMA	160,400.	1,329,890.	INC.

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 THE SPRING 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.

		-	6.0		(2)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	
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?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io

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) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
	1								
	1								

Schedule R (Form 990) 2021 THE SPRING SHELTER, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
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?							
а	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)	1b						
	Gift, grant, or capital contribution from related organization(s)	1c						
	Loans or loan guarantees to or for related organization(s)	1d						
	Loans or loan guarantees by related organization(s)	1e						
f	Dividends from related organization(s)	1f						
g		1g						
h	Purchase of assets from related organization(s)	1h						
i	Exchange of assets with related organization(s)	1i						
j	j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k						
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11						
	Performance of services or membership or fundraising solicitations by related organization(s)	1m						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n						
	Sharing of paid employees with related organization(s)	10						
р	Reimbursement paid to related organization(s) for expenses	1p						
q	Reimbursement paid by related organization(s) for expenses	1q						
r	Other transfer of cash or property to related organization(s)	1r						
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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021 THE SPRING 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior alloca Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	l or Percel ^{ing} r? owne	k) entage ership

Schedule R (Form 990) 2021

THE SPRING SHELTER, INC.

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

132165 11-17-21

		** PUBLIC DISCLOSURE COPY **		
Form 990-T	E	Exempt Organization Business Income Tax Return	n L	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		0004
	For ca	endar year 2021 or other tax year beginning, and ending	·	Ζυζ Ι
Department of the Treasury Internal Revenue Service	►	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
B Exempt under section	Print	THE SPRING SHELTER, INC.	7	3-1474319
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1588		exemption number nstructions)
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A		SAND SPRINGS, OK 74063-1588	_₣└_	Check box if
		ok value of all assets at end of year		an amended return.
		X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u>
		ed Schedules A (Form 990-T)		Yes X No
• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
		RON LUNDIN Telephone number	(918) 245-4075
		d Business Taxable Income	()10	<u>/ 213 10,5</u>
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
			1	0.
			2	
3 Add lines 1 and 2			3	
		see instructions for limitation rules)		0.
		taxable income before net operating losses. Subtract line 4 from line 3		
		ng loss. See instructions	6	
	•	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro			7	
8 Specific deduction	n (gene	ally \$1,000, but see instructions for exceptions)	8	1,000.
		duction. See instructions	9	
10 Total deductions			10	1,000.
11 Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			11	0.
Part II Tax Com	-			
		s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.
	_	ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins			▶ 3	
4 Other tax amounts			4	
5 Alternative minimu		-	5	
-		cility income. See instructions		0
		h 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork I	Reduct	ion Act Notice, see instructions.		Form 990-T (2021)

Form 9	90-T (2021)		I	Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a 2,796.			
b	2021 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868 6c 7,000.			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439	i l		
	□ Form 4136 □ Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g	7	9,7	96.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		96.
	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded	11	9,7	96.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4	Enter available pre-2018 NOL carryovers here 🕨 \$ Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c	arryover		
	\$			
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V	<u></u>		
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

			ined this return, including accompany than taxpayer) is based on all informa				wledge	e and belief, it is true,
Here				TREAS	URER			the IRS discuss this return with reparer shown below (see
	Signature of officer		Date	Title			instru	uctions)? X Yes No
	Print/Type preparer'	s name	Preparer's signature		Date	Check] if	PTIN
Paid						self- employ	ed	
Preparer	ASHLEY M.	FOGLE	ASHLEY M. FO	GLE	11/14/22			P01258800
Use Only		OGANTAYLO	R LLP			Firm's EIN		73-1413977
eee emy		1225 N BI	ROADWAY AVENUE	, SUIT	E 200			
	Firm's address 🕨	OKLAHOMA	CITY, OK 7310	3		Phone no.	40	5-848-2020
123711 01-31-2	22							Form 990-T (2021)
			1 1					

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⁴⁴ 2021.05000 THE SPRING SHELTER, INC. DAY004_1

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047 2021

Open to Public Inspection for
501(c)(3) Organizations Only

1

Name of the organization Α THE SPR

ation			В	Employer identification number
ING	SHELTER,	INC.		73-1474319

74319 1

of

D Sequence:

452000 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business CONSIGNMENT SALES Ε

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 27,547.				
b	Less returns and allowances c Balance ►	1c	27,547.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3	27,547.		27,547.
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	27,547.		27,547.
Pa	t II Deductions Not Taken Elsewhere See instruction	ons fo	r limitations on ded	uctions. Deduction	s must be

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		14,971.
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7			
8	Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT	1 14	13,567.
15	Total deductions. Add lines 1 through 14	15	28,538.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-991.
17	Deduction for net operating loss. See instructions		0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-991.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	Ile A (Form 990-T) 2021

Part	ule A (Form 990-T) 2021	nothed of investor			Page 2
1		method of inventory valu		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. En	ter here and in Part I, line	2		
9	Do the rules of section 263A (with respect to prope				Yes No
Part					
1	Description of property (property street address, cit	y, state, ZIP code). Cheo	k if a dual-use. See inst	ructions.	
	A [
	B				
	D	•	P	0	D
2	Rent received or accrued	A	В	С	D
2 a	From personal property (if the percentage of				
a	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter her	e and on Part I, line 6, o	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
-		L			
				<u> </u>	0
5	Total deductions. Add line 4 columns A through D	. Enter here and on Part	I, line 6, column (B)		0.
5 Part	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income	Enter here and on Part (see instructions)			0.
	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address of the street ad	Enter here and on Part (see instructions)			0.
5 Part	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions)			0.
5 Part	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions)			0.
5 Part	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions)			0.
5 Part	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions)			0. 0
5 Part	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	e. Enter here and on Part (see instructions) ss, city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
5 Part 1	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	e. Enter here and on Part (see instructions) ss, city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
5 Part 1	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	e. Enter here and on Part (see instructions) ss, city, state, ZIP code).	Check if a dual-use. Se	e instructions.	0. 0
5 Part 1 2	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	e. Enter here and on Part (see instructions) ss, city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
5 Part 1 2	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions) ss, city, state, ZIP code). A	Check if a dual-use. Se	e instructions.	
5 Part 1 1 2 3	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions) ss, city, state, ZIP code). A	Check if a dual-use. Se	e instructions.	
5 Part 1 1 2 3 a	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	Enter here and on Part (see instructions) ss, city, state, ZIP code). A	Check if a dual-use. Se	e instructions.	
5 Part 1 1 2 3 a b	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	A	Check if a dual-use. Se	e instructions.	
5 Part 1 1 2 3 a b	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street addrest A	Enter here and on Part (see instructions) ss, city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A A	Enter here and on Part (see instructions) ss, city, state, ZIP code).	Check if a dual-use. Se	e instructions.	
5 Part 1 2 3 a b c	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	A	Check if a dual-use. Se	e instructions.	
5 Part 1 1 2 3 a b c 4 5	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street address A	A	Check if a dual-use. Se	e instructions.	D
5 Part 1 1 2 3 a b c 4 5 6	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street addrest A	A	Check if a dual-use. Se	e instructions.	D
5 Part 1 1 2 3 a b c 4 5 4 5 6 7	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street addrest A	.	Check if a dual-use. Se	e instructions.	D
5 Part 1 1 2 3 a b c 4 5 6	Total deductions. Add line 4 columns A through D V Unrelated Debt-Financed Income Description of debt-financed property (street addrest A	.	Check if a dual-use. Se	e instructions.	D
5 Part 1 1 2 3 a b c 4 5 4 5 6 7 8	Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street addrest A	.	Check if a dual-use. Se	e instructions.	D
5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street addrest A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through Allocable deductions. Multiply line 3c by line 6	A	Check if a dual-use. Se	e instructions.	D D 0.
5 Part 1 2 3 a b c 4 5 4 5 6 7 8	Total deductions. Add line 4 columns A through D Unrelated Debt-Financed Income Description of debt-financed property (street addrest A	Enter here and on Part (see instructions) ss, city, state, ZIP code). A A A D D Enter here and on Part D D Enter here and on Part D Enter here D	Check if a dual-use. Se	e instructions.	D

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	ule A (Form 990-T) 2021 VI Interest, Annu		ties and R	onts from	n Control	led Or	ganization	s (a	oo inatruat	iono)		Page 3
Fait							Exempt Control		ee instruct	,		
1. Name of controlled organization			2. Employer dentification number	3. Net unrelated 4. To		4. Tota	tal of specified // 5. Par that is i contro		5. Part of column 4 nat is included in the controlling organiza- tion's gross income		e connected with	
(1)									o grooo inte			
(2)												
(3)												
(4)												
<u></u>			No	nexempt C	Controlled O	ganizati	ons	•				
7	7. Taxable Income	incom	inrelated e (loss) tructions)		otal of specif yments mad		10. Part of that is inclusion controlling gross	luded	in the zation's		cor	ductions directly nected with e in column 10
(1)							<u>y</u>					
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ent	er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						►			0.			0.
Part	VII Investment I	Income of a	Section 50)1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	tructions)			
	1. Desc	cription of incor	ne		2. Amou incor		3. Deduction directly connormal (attach stater	ected	4. Set- (attach st		, ,	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part		xemnt Activ	vity Income	Other 1	han Δdve	•••		looo in	l otructiona)			
1	Description of exploite			, ealer i				300 III	structions)			
2	Gross unrelated busin	· · · · · · · · · · · · · · · · · · ·	m trade or busi	iness Ente	r here and o	n Part I	line 10. colum	n (Δ)		2		
3	Expenses directly con						-	• •				
Ŭ										3		
4	Net income (loss) from											
•	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line 12								7		

Schedule A (Form 990-T) 2021

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	ule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a	consolidated basis	S.	
	A [
	в				
	c				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.	Т		
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	Part I, line 11, column (A)		►	0.
а			1		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		►	0.
			1		
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8 \dots		-		
5	Readership costs		-		
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				0
Part	Part II, line 13 X Compensation of Officers, Di	rootors and Trustoos	· · · ·		0.
Γαιι	X Compensation of Onicers, D		see instructions)	0 Demonstrate	1 Oomeonetice
	1 Nome			3. Percentage of time devoted	 Compensation attributable to
	1. Name	2. Title		to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(<u>4</u>)				%	
<u>(+)</u>				/0	
Total	. Enter here and on Part II, line 1				0.
Part		ee instructions)			

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		800.
CREDIT CARD CHARGES		559.
SUPPLIES		978.
TELEPHONE		320.
RENT		4,599.
LICENSES AND PERMITS		398.
UTILITIES		2,180.
CONSIGNMENT PAYOUT		793.
PROFESSIONAL FEES		2,940.
TOTAL TO SCHEDULE A, PART II,	LINE 14	13,567.