Form **990**

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning , 2020, and ending D Employer identification number В Check if applicable: C Name of organization SHEP-TY Address change Doing business as EMBRACE, GAME CHANGER 73-1687650 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1620 CENTINELA AVENUE SUITE 308 Initial return (213)267-1840 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Inglewood, CA 90302-1097 325,250 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Vec H(b) Are all subordinates included? **X** 501(c)(3) Tax-exempt status: 501(c) () < (insert no.) 4947(a)(1) or If "No," attach a list. See instructions www.gamechanger1.org Website: ▶ H(c) Group exemption number X Corporation Trust Association 2003 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: EMBRACE UTILIZES COMMUNITY SERVICE TO CREATE ENVIRONMENTS THAT ALLOW PEOPLE FROM ALL WALKS OF LIFE TO SPEND QUALITY TIME TOGETHER WORKING Activities & Governance TOWARD A COMMON CAUSE. THE ORGANIZATION IS BUILT ON THE PHILOSOPHY THAT SERVING COMMUNITIES IN NEED BRINGS PEOPLE TOGETHER. Check this box ▶ | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 2 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Prior Year **Current Year** 148,086 325,245 음 0 Reven 10 18 5 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 148,104 325,250 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 187,158 174,762 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,018 69,152 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 242,780 256,310 (94,676)68,940 **Beginning of Current Year** Net Assets or und Balances 265,741 262,643 21 31,022 22 265,741 231,621 Part II Signature Block 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. SEAN SHEPPARD Sign Signature of officer Here SEAN SHEPPARD, FOUNDER EXEC DIR/CEO Type or print name and title Print/Type preparer's name Preparer's signature X Check Paid Jewell Goodridge, EA 10-11-2021 Jewell Goodridge, EA self-employed P00110379 Preparer JEWEL TAX SERVICE Firm's name Firm's EIN ▶ Use Only Firm's address ▶ PO BOX 3175 Phone no. San Diego CA 92163-1175 _____ Yes May the IRS discuss this return with the preparer shown above? (see instructions) X No

Form	990 (2020) SHEP-TY 73-16	87650	Page 2
Pa	rt 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:		
	EMBRACE UTILIZES COMMUNITY SERVICE TO CREATE ENVIRONMENTS THAT ALLOW PEOPLE FROM A	LL WALKS	OF
	LIFE TO SPEND QUALITY TIME TOGETHER WORKING TOWARD A COMMON CAUSE. THE ORGANIZATION	IS BUI	T ON
	THE PHILOSOPHY THAT SERVING COMMUNITIES IN NEED BRINGS PEOPLE TOGETHER.		
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 X N	lo
	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 X N	lo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 206,561 including grants of \$) (Revenue \$	206,68	8)
	GAME CHANGER PROGRAM: GAME CHANGER PROGRAM IS AN EXPERIEMTIAL LEARNING MODEL ROOTES	IN BEH	VIORA
	PSYCHOLOGY THAT UTILIZES SPORTING EVENTS TO CREATE A SAFE SPACE FOR MODERATED COMMU	JNICATIO	1
	BETWEEN MEMBERS OF THE GENERAL PUBLIC AND LAW ENFORCEMENT, TO PREVENT VIOLENT/DEADI	Y ENTER	CTION
	BETWEEN LAW ENFORCEMENT AND CIVILIAN MEMBERS OF THE COMMMUNITY. THE ULTIMATE GOALS		
	CHANGERS IS FOR PARTICIPATES TO BECOME BETTER EDUCATED ABOUT ONE ANOTHER, LEADING 1	O CHANG	S IN
	PERCEPTION AND BEHAVIOR, LEADING TO A CHANGE IN OUTCOMES. AT THE END OF 2020 GAME OF	CHANGER I	IAD
	HOSTED A TOTAL OF 100 EVENTS, WITH PARTICIPANTS FROM 10 DIFFERENT STATES AND 51 LAW	V ENFORCE	EMENT
	AGENCIES. THIS INCLUDED 476 UNIQUE LAW ENFORCEMENT PARTICIPANTS AND 941 UNIQUE CIVI	LIAN	
	PARTICIPANTS. GAME CHANGER ACHIEVEMENTS IN 2020: HOSTED 27 EVENTS WITH A TOTAL OF 52	27 LAW	
	ENFORCEMENT AND CIVILIAN PARTICIPANTS. GAME CHANGER RECEIVED THE IACP MICHAEL SHANN	IAHAN	
	LEADERSHIP IN PUBLIC/PRIVATE COOPERATION AWARD.		
4b	(Code:) (Expenses \$10,000 including grants of \$) (Revenue \$	20,78	— <i>'</i>
	VIRTUAL TECHNOLOGY PROGRAM: VIRTUAL TECHNOLOGY IS A PROGRAM FUNDED BY DHS TO DO RES		1
	DEVELOPING AN IMMERSIVE TECHNOLOGY PROTOTYPE THAT FEATURES INTERACTIVE TRAINING SCH	ENARIOS	
	DESIGNED TO EDUCATE, EXPOSE AND BRING ABOUT CHANGES IN PERCEPTION.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	25.00	10)
70	PEACE WITH THE POLICE: PEACE WITH THE POLICE IS INTENDED TO BE A LARGE SCALE NATION		
	SUMMIT WITH LAW ENFORCEMENT AND COMMUNITY MEMBERS IN ORDER TO DEVISE SOLUTIONS TOGE		,AL
	DOMNII WIII DAW ENFORCEMENT AND COMMONTH MEMBERS IN ORDER TO DEVISE SOLICITORS TOOL	1111111.	
4d	Other program services (Describe on Schedule O.)		
→u	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses > 216,561		
	Table 100 Control Cont		

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 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 X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 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 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X

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Part IV

			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	04		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		.,
h	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	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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 Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	0.4		
25-	or IV, and Part V, line 1	34 35a		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	งวล		Х
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		Α
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	¥	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Iou		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? • • • • • • • • • • • • • • • • • • •	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? • • • • • • • • • • • • • • • • • • •	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401-		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa	Х	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v	
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Α .	
·	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Α .	x
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEAN SHEPPARD (213)267-1840, 1620 CENTINELA AVENUE SUITE 308, INGLEWOOD, CA 90302			

	-7				
Part VII	Compensation of Officers, Directors, Trust	es, Key Employees	s, Highest Compensated	Employees,	and
	Independent Contractors				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organizati	on co	mper	nsate	ed a	ny cun	rent	officer, director, or	trustee.	
					(C)	•				
(4)	(D)			Pos	sition			(D)	(E)	(E)
(A)	(B)					nan one		(D)	(E)	(F)
Name and title	Average hours	box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Onic	officer and a director/trustee)				'	from the	from related organizations	compensation
	(list any	0 =	0 = = 0 =			X 0 7 7		organization		from the
	hours for	r div	Stite	Officer	еу е	贾	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	Individual or director	ğ	=	Key employee	st c	er			Totalou organizationio
	organizations below	Individual trustee or director	Institutional trust		руее	gmo				
	dotted line)	166	ıstee			Highest compensated employee				
	,					ted				
(4) (77) (77)	F0 00				-					
(1) SEAN SHEPPARD	50.00							111 064		1= 041
CEO/EXEC DIRECTOR	- 2.00					Х		111,064	0	15,941
(2) DR AARON BRUCE-CHIEF DIVERS ART CT	R _ 2.00							2 - 2 2		
BOARD CHAIR	2 22			X				3,500	0	0
(3) MICHAEL FILES-ACTIVE DUTY US NAVY	<u>2.0</u> 0								_	_
BOARD MEMBER		Х						0	0	0
(4) RICK_WALL-RETIRED_CHIEF_OF_POLICE_	2.00									
BOARD MEMBER		Х						0	0	0
(5) STUART TRYON-CEO TRYON SECUR & RIS	K 2.00									
SECRETARY				X				0	0	0
(6) EDWIN CRUZ-PRINC CRUZ CAMPBELL FIN	2.00									
TREASURER				X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										
							_			

EEA

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, aı	nd F	ligh	est Co	mp	ensated Employe	es (continu	ed)			
	(A) Name and title	(B) Average hours	box,	unle	Po eck n	rson is	nan one s both ar /trustee)		(D) Reportable compensation	(E) Reportab compensat	- 1		(F) ated am	
		per week (list any hours for related organizations below dotted line)	or director		Officer				from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ed ons	con fr orgar	npensat om the nization organiz	ion and
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
<u>(23)</u>														
(24)														
(25)														
1b c	Subtotal		• • •		• •	• •		• •						
d	Total (add lines 1b and 1c)								114,564		0		15,9	941
2	Total number of individuals (including but not limit		isted a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of				_
	reportable compensation from the organization												Yes	No.
3	Did the organization list any former officer, direct	tor, trustee,	key en	nplo	yee,	or h	ighest	con	npensated					
	employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
	individual											4		x
5	Did any person listed on line 1a receive or accrue	compensation	on from	any	unr	elate	ed orga	aniza	ation or individual					
	for services rendered to the organization? If "Yes	s," complete	Schea	lule .	J foi	suc	h pers	on			• • •	5		X
Secti 1	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	dent co	ntra	ctor	tha	t rocai	vod	more than \$100.00	nn of				
•	compensation from the organization. Report comp										vear.			
	(A) Name and business addres								(B) Description of service			(C)	ntion	
	Name and business address								Description of service	63		Compens	ation	
										+				
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				sted a	above)) wh	0					

Form 990 (2020) SHEP-TY
Part VIII Statement of Revenue 73-1687650 Page 9

		Check if Schedule O contains a response or not		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
					Tanouon rovonae	Submisso revenue	sections 512–514
	1a	Federated campaigns 1a					
တ္ တ	b	Membership dues 1b					
ran	С						
s, G	d	9					
Gift lar /	е	9 '	164,226				
ns,	f	All other contributions, gifts, grants,					
utio		and similar amounts not included above 1f	161,019				
Contributions, Gifts, Grants and Other Similar Amounts	g						
Con	١.	lines 1a-1f 1g		225 245			
	n	Total. Add lines 1a-1f		325,245			
	20		Business Code				
8	2a b						
e <u>č</u>	C						
n Si	d						
grar Re	e						
Program Service Revenue		All other program service revenue					
_	1	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, an					
	•	other similar amounts)		5	5		
	4	Income from investment of tax-exempt bond proceed	eds▶				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	١.	other than inventory 7a					
	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
eVe	1	Gain or (loss)					
er R	1	Net gain or (loss)					
Othe	oa	events (not including \$					
O		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	1	·	▶				
	1	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities • • •	▶				
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
		<u> </u>	Business Code				
e e	11a						
lan:	b						
Miscellanous Revenue	C						
≅ B		All other revenue					
		Total. Add lines 11a-11d		325 250	5	0	0

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do ı	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, s	9b, and 10b of Part VIII.	Total expenses	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,				
	trustees, and key employees	111,064	106,259	4,805	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	51,436	47,334	4,102	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,989	11,256	733	
10	Payroll taxes	12,669	6,710	5,959	
11	Fees for services (nonemployees):	•	·	·	
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	20,733	20,048	685	
12	Advertising and promotion	10,175	10,175		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	17,348	2,808	14,540	
17	Travel	2,051	2,067	(16)	
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,257	1,173	2,084	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	POSTAGE	1,084	853	231	
b	TELECOMMUNICATIONS	2,613	2,562	51	
С	OFFICE SUPPLIES	743	171	572	
d	COMPUTER EQUIP & EXPENSE	3,716	566	3,150	
е	All other expenses	7,432	4,579	2,853	
25	Total functional expenses. Add lines 1 through 24e	256,310	216,561	39,749	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	• • • • • • • • • • • •		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	11,147	1	53,575
	2	Savings and temporary cash investments	3,525	2	61,058
	3	Pledges and grants receivable, net	249,539	3	146,480
	4	Accounts receivable, net	1,530	4	1,530
	5	Loans and other receivables from any current or former officer, director,	•		•
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	265,741	16	262,643
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
"	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	31,022
	25	Other liabilities (including federal income tax, payables to related third			01,011
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	31,022
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
Se	27	Net assets without donor restrictions		27	
la l	28	Net assets with donor restrictions		28	
Ba		Organizations that do not follow FASB ASC 958, check here ▶ 🗓			
Ę		and complete lines 29 through 33.			
Ē	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds	265,741	31	231,621
Net Assets or Fund Balances	32	Total net assets or fund balances	265,741	32	231,621
	33	Total liabilities and net assets/fund balances	265,741	33	262,643
			,		

EEA Form **990** (2020)

Form 990 (2020) SHEP-TY 73-1687650 Page 12 Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 325,250 2 256,310 3 3 68,940 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 265,741 5 5 6 6 Investment expenses 7 7 8 8 9 (103,060)Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 231,621 Part XII Financial Statements and Reporting Yes No X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Х b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

ablic oliality olatas and I ablic oupport

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

SHE	P-T	Y					73-168765	0			
Pa	ırt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S.			
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)					
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).					
2	П	A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)					
3	П	A hospital or a cooperative hospital s									
4	П	A medical research organization ope	•				(1)(Δ)(iii) Enter the				
•	ш	hospital's name, city, and state:	rated in conjunction	ii wiiii a noopital accomb	.ca	1011 17 0(D)	(T)(A)(III): Enter the				
_			ofit of a college on .				talait alaaanibaad in				
5	Ш	An organization operated for the bene	-	iniversity owned or opera	ated by a g	jovernmen	iai unii described in				
_		section 170(b)(1)(A)(iv). (Complete	•								
6		A federal, state, or local government	•								
7	X	An organization that normally receive	s a substantial part	of its support from a gov	/ernmental	unit or from	m the general public				
	_	described in section 170(b)(1)(A)(vi). (Complete Part I	l.)							
8	Ш	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)							
9		An agricultural research organization	described in sect	i on 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleç	ge			
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or				
	university:										
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross				
		receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its									
		support from gross investment income	•	•		,					
		acquired by the organization after Ju		·							
11	П	An organization organized and opera	· ·	• • • • • • • • • • • • • • • • • • • •	•	,					
12	H	An organization organized and operation	-	•			carry out the numoses	2			
12	ш	of one or more publicly supported org	-	•							
		Check the box in lines 12a through 12	-					•			
	_	_				-		-			
	а	Type I. A supporting organization		· · · · · · · · · · · · · · · · · · ·		•		ig			
		the supported organization(s) the		•	rity of the c	alrectors or	trustees of the				
		supporting organization. You mu	· -								
	b	☐ Type II. A supporting organization									
		control or management of the sup		•	rsons that	control or r	nanage the supported				
		organization(s). You must comp	olete Part IV, Sect	ions A and C.							
	С		. A supporting orga	anization operated in co	nnection w	ith, and fu	nctionally integrated wi	ith,			
		its supported organization(s) (see	e instructions). Yo o	u must complete Part I	V, Sectior	ns A, D, an	nd E.				
	d	Type III non-functionally integr	r ated. A supporting	g organization operated i	in connect	ion with its	supported organizatio	n(s)			
		that is not functionally integrated.	The organization of	enerally must satisfy a d	istribution	requiremer	nt and an attentiveness				
		requirement (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.					
	е	Check this box if the organization	received a written	determination from the If	RS that it is	a Type I,	Type II, Type III				
		functionally integrated, or Type III	I non-functionally in	ntegrated supporting orga	anization.						
	f	Enter the number of supported organ	izations								
	g	Provide the following information about	ut the supported or	ganization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
		•		(described on lines 1-10		ir governing	support (see	other support (see			
				above (see instructions))	docum	nent?	instructions)	instructions)			
					Yes	No					
					1.00	110					
(A)											
(B)											
(C)											
(D)											
					-						
(E)											
Tota	al										

Schedule A (Form 990 or 990-EZ) 2020 SHEP-TY 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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	138,379	127,818	298,651	148,086	325,245	1,038,179
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	138,379	127,818	298,651	148,086	325,245	1,038,179
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)						159,235
6	Public support. Subtract line 5 from line 4						878,944
Sec	ction B. Total Support		'			<u>'</u>	<u> </u>
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	138,379	127,818		148,086	325,245	1,038,179
8	Gross income from interest, dividends,	,	,			•	· · ·
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	12	2	15	18	5	52
9	Net income from unrelated business			_			
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,038,231
	Gross receipts from related activities, etc. (se	ee instructions)				12	
	First five years. If the Form 990 is for the or					section 501(c)(3)
	organization, check this box and stop here	-			-		
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c			column (f))		14	84.66 %
	Public support percentage from 2019 Sched		•	. , ,	- t	15	77.11 %
	33 1/3% support test - 2020. If the organiza					% or more, che	
	box and stop here . The organization qualifie						
k	33 1/3% support test - 2019. If the organiza						
	this box and stop here . The organization qu						
17a	10%-facts-and-circumstances test - 2020.	-		-			
	10% or more, and if the organization meets t	_					
	Part VI how the organization meets the facts				-	-	
	organization			-			
ŀ	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						
	organization			•	•		
18	Private foundation. If the organization did n						
-	instructions						▶ □

 Schedule A (Form 990 or 990-EZ) 2020
 SHEP-TY
 73-1687650
 Page 3

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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.)		1 11 1			.: 504/ \/0	<u> </u>
14	First 5 years. If the Form 990 is for the orga				-		_
<u></u>	organization, check this box and stop here				• • • • • • • •	• • • • • • • •	▶ □
	Ction C. Computation of Public Suppor			a ali ima in (f))		45	0/
	Public support percentage for 2020 (line 8, c		•			15	<u>%</u>
	Public support percentage from 2019 Sched					16	<u>%</u>
	ction D. Computation of Investment In			ino 10 columnia	, (f))	17	
	Investment income percentage for 2020 (line					17	<u>%</u>
	Investment income percentage from 2019 Se					18 s than 22 1/29/	and line
туа	33 1/3% support tests - 2020. If the organiz						_
I.	17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization > U b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
a	_						
20	line 18 is not more than 33 1/3%, check this	_	_	-	-		
<u> 20</u>	Private foundation. If the organization did r	ioi check a bo	x on line 14, 19	a, or 19b, che	CK THIS DOX AND	see instruction	ıs ▶ <u></u>

SHEP-TY 73-1687650 Page 4 Schedule A (Form 990 or 990-EZ) 2020

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.)

S

ect	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	140
	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	41		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)	4c		
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	_		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	,,,,,,,,,,,,,			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	0-		
h	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
^	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	90		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	, ,			

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

Sched	ale A (Form 990 or 990-EZ) 2020 SHEP-TY 73-168765	0	F	age 5
Pai	TIV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
L	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	2. Type I capper mig cryamizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
_	Diddle and it also an interest of the control of the control of the first of the fifth and the fifth		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	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).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
Ū	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.	3		
Sec	tion 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	instruc	tions) <u>.</u>
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	/ (see ir	nstruc	tions).
2	Activities Test. Answer lines 2a and 2b below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

 Schedule A (Form 990 or 990-EZ) 2020
 SHEP-TY
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 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sec	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (and items)					
	•		(/ 1/ / 1/01 / 1/04	(optional)		
_1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5_	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	ction 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		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-functionally	/ integr	ated Type III supporting	organization		
	(see instructions).					

EEA Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exem	1				
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ions	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required) - pr	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	organization is respons	sive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sec	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2020			ns	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
	Excess distributions carryover, if any, to 2020					
	From 2015					
b	From 2016					
С	From 2017					
	From 2018					
	From 2019					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
<u>i</u> _	Carryover from 2015 not applied (see instructions)					
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
<u> </u>	Excess from 2020					

Schedule A (Forr	n 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
Fait VI	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	Sa, and Sb, rate v, line 1, rate v, Section B, line 1e, rate v, Section B, lines S, 0, and 0, and rate v, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2020

SHEP-TY 73-1687650 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number 73–1687650

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution Person X 1 ALLIANCE HEALTHCARE FOUNDATION **Payroll** Noncash 5060 SHOREHAM PLACE SUITE 350 \$ 30,000 (Complete Part II for SAN DIEGO CA 92122 noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. 2 FINANCIAL FINESSE Person X **Payroll** Noncash 883 N DOUGLAS STREET 15,000 (Complete Part II for EL SEGUNDO CA 90245 noncash contributions.) (a) (c) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person X 3 CSU FULLERTON **Payroll** Noncash 800 N STATE COLLEGE BLVD 14,000 (Complete Part II for FULLERTON CA 92831 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. LOS ANGELES LAKERS Person X 4 **Payroll** 2275 EAST MARIPOSA AVENUE 15,000 Noncash (Complete Part II for EL SEGUNDO CA 90245 noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person X 5 NATIONAL CITY POLICE DEPARTMENT **Payroll** Noncash 1200 NATIONAL CITY BLVD 5,000 (Complete Part II for NATIONAL CITY CA 91950 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 6 CHRIS & CRYSTAL SACCA X **Payroll** 200 TOWNSEND STREET 15,000 Noncash (Complete Part II for SAN FRANCISCO CA 94107 noncash contributions.)

Name of organization Employer identification number 73–1687650

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (c) Nó. Name, address, and ZIP + 4 Total contributions Type of contribution Person X 7 VANESSA HELIN **Payroll** \$ Noncash 620 BROOKS 5,000 (Complete Part II for LAGUNA BEACH CA 92651 noncash contributions.) (d) (c) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. SHEILA SPRING Person X 8 **Payroll** 5,000 Noncash 4741 GRESHAM DRIVE (Complete Part II for EL DORADO HILLS CA 95762 noncash contributions.) (a) (c) (d) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 Person SONNY KALSI **Payroll** Noncash 15 CENTRAL PARK WEST APT 5A 10,268 (Complete Part II for NEW YORK NY 10023 noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2020 **Open to Public**

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. Employer identification number

SHEP-TY	73-1687650			
01. Form 990 governing body review (Part VI, line 11)				
BEFORE FORM 990 IS FILED, THE EXECUTIVE DIRECTOR/CEO REVIEWS THE RETURNS AN	ND COMMUNICATES			
ANY MATTERS OF CONCERN TO THE BOARD OF DIRECTORS FOR FURTHER EVALUATION.				
02. Conflict of interest policy compliance (Part VI, line 12c)				
IF A BOARD MEMBER FEELS THERE IS A CONFLICT OF INTEREST, THE MEMBER IS EXCU	JSED FROM THE			
VOTE. THE BOARD HAS HAD NO VOTES COME UP WHERE THEY NEEDED TO ASK A BOARD N	MEMBER TO BE			
EXCUSED.				
03. Governing documents, etc, available to public (Part VI, line 19)				
FORM 990 IS AVAILABLE TO THE GENERAL PUBLIC THROUGH THE WEBSITE ADDRESS FOR	R THE			
ATTORNEY GENERAL OF CALIFORNIA/REGISTRY OF CHARITABLE TRUST. EMBRACE ALSO N	MAKES FORM 990			
AVAILABLE TO THE PUBLIC ON THEIR EMBRACE WEBSITE.				
04. Explanation of other changes in net assets or fund balances (Part XI, I	line 9)			
PART XI - RECONCILATION OF NET ASSETS, PAGE 12, LINE 9				
NET ASSETS GRANTS RECEIVABLE DECREASED IN 2020 BY \$103,060.				