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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2012</b>  <b>Open to Public Inspection</b>
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<b>A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE SHELTERING ARMS FOUNDATION  Doing Business As	<b>D</b> Employer identification number  41-0693926	
	Number and street (or P O box if mail is not delivered to street address) 1730 CLIFTON PLACE NO 100	Room/suite	<b>E</b> Telephone number  (612) 871-9210
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55403		<b>G</b> Gross receipts \$ 5,516,420
	<b>F</b> Name and address of principal officer DENISE MAYOTTE 1730 CLIFTON PLACE NO 100 MINNEAPOLIS, MN 55403		
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.SHELTERING-ARMS.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1983	
		<b>M</b> State of legal domicile MN	

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO INVEST IN THE LIVES OF MINNESOTA'S CHILDREN TO HELP THEM REACH THEIR FULL POTENTIAL
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
Revenue	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
Expenses	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
Net Assets or Fund Balances	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,295
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .
	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .

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

Sign Here	*****		2014-01-13		
	Signature of officer		Date		
Paid Preparer Use Only	DENISE MAYOTTE EXECUTIVE DIRECTOR		Type or print name and title		
	Prnt/Type preparer's name ROBERT J GEORGES		Preparer's signature		Date 2014-01-13
	Firm's name ▶ WILKERSON GUTHMANN & JOHNSON LTD		Firm's EIN ▶ 41-0996210		
Firm's address ▶ 1210 WEST COUNTY ROAD E STE 100		Phone no (651) 222-1801			
ARDEN HILLS, MN 55112					

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

THE SHELTERING ARMS FOUNDATION INVESTS IN THE LIVES OF MINNESOTA'S CHILDREN TO HELP THEM REACH THEIR FULL POTENTIAL THE FOUNDATION FUNDS NOT-FOR-PROFIT ORGANIZATIONS AND SUPPORTS POLICIES THAT BENEFIT CHILDREN AND THEIR FAMILIES WHO HAVE THE LEAST ACCESS TO RESOURCES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 \$ 656,263 including grants of \$ 483,075 ) (Revenue \$ )

THE SHELTERING ARMS FOUNDATION (SAF) PROVIDED GRANTS AND SUPPORTING SERVICES TO 49 ORGANIZATIONS, WHICH PROVIDED SERVICES TO AND/OR PROMOTED THE WELFARE OF DISADVANTAGED CHILDREN IN THE STATE OF MINNESOTA IN ADDITION, THE FOUNDATION TAKES LEADERSHIP IN ORGANIZING OTHER NOT-FOR-PROFIT ORGANIZATIONS WITH SIMILAR GOALS THE PURPOSE OF COLLABORATION IS TO EDUCATE EACH OTHER, LEGISLATORS AND THE PUBLIC ON THE NEED FOR EARLY CHILDHOOD EDUCATION AND THE IMPORTANCE OF HIGH QUALITY AND CULTURALLY APPROPRIATE OUT-OF-SCHOOL TIME ACTIVITIES

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d


















Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 656,263

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
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? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	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		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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.	2a2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c		No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<b>Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section 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 in 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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section 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	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	No
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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization	DIANE GROSSMAN 1730 CLIFTON PLACE SUITE 100 MINNEAPOLIS, MN (612) 871-9210

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGO HERMAN BOARD PRESIDENT	1 00	X		X				0	0	0
(2) REBECCA HAWTHORNE PRESIDENT-ELECT	50	X		X				0	0	0
(3) BARBARA SWAN BOARD SECRETARY	50	X		X				0	0	0
(4) KAY KRAMER BOARD TREASURER	50	X		X				0	0	0
(5) LAURA BATHKE BOARD TRUSTEE	30	X						0	0	0
(6) RENEE CAMPION BOARD TRUSTEE	30	X						0	0	0
(7) JUDITH GOFF BOARD TRUSTEE	30	X						0	0	0
(8) MARTHA GRAVE BOARD TRUSTEE	30	X						0	0	0
(9) CHRISTABEL GRANT BOARD TRUSTEE	30	X						0	0	0
(10) JULIA GUTZ MOLLER BOARD TRUSTEE	30	X						0	0	0
(11) JENNIFER HASKIN MCCAFFERTY BOARD TRUSTEE	30	X						0	0	0
(12) LORELEI LANGE BOARD TRUSTEE	10	X						0	0	0
(13) MARGY MATTLIN BOARD TRUSTEE	30	X						0	0	0
(14) MARIA MITCHELL BOARD TRUSTEE	30	X						0	0	0
(15) ANN NERLAND BOARD TRUSTEE	30	X						0	0	0
(16) KRIS NEWCOMER BOARD TRUSTEE	30	X						0	0	0
(17) TINA PFAU GONZALES BOARD TRUSTEE	30	X						0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	88,537	0	16,816

**2**

<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .

## Section B. Independent Contractors

**1**

(A) Name and business address	(B) Description of services	(C) Compensation

2

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	24,222		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .		24,222		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	253,066		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	5,236,314			
c		Gain or (loss)	4,212,924			
d		Net gain or (loss) . . . . .	1,023,390			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from fundraising events . . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances .	a			
b		Less cost of goods sold . . . . .	b			
c		Net income or (loss) from sales of inventory . . .				
Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS	900099	2,818	2,818		
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		2,818			
12	Total revenue. See Instructions . . . . .		1,303,496	1,026,208	0	253,066

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 to any question in this Part IX

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	483,075	483,075		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	110,531	78,303	30,599	1,629
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.	68,850	23,409	41,310	4,131
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,064	702	1,238	124
9	Other employee benefits.	6,696	2,277	4,017	402
10	Payroll taxes.	12,426	6,710	5,219	497
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	406		406	
c	Accounting.	14,000		14,000	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	67,599		67,599	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,314	8,214	8,048	52
12	Advertising and promotion.				
13	Office expenses.	23,024	12,433	9,670	921
14	Information technology.	2,026	1,094	851	81
15	Royalties.				
16	Occupancy.	23,843	12,875	10,014	954
17	Travel.	3,841	2,074	1,613	154
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2,606	1,407	1,095	104
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	5,789	3,126	2,431	232
23	Insurance.	2,850	1,539	1,197	114
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PROFESSIONAL DEVELOPMEN	13,448	8,814	4,634	
b	ADVOCACY EXPENSES	4,961	4,961		
c	ALL OTHER EXPENSES	4,025	1,395	730	1,900
d	SPECIAL EVENTS	3,855	3,855		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	872,229	656,263	204,671	11,295
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,845	1	522
	2	Savings and temporary cash investments . . . . .			415,057	2	1,164,248
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			3,087	9	2,518
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	128,504			
	b	Less accumulated depreciation . . . . .	10b	98,648	35,645	10c	29,856
	11	Investments—publicly traded securities . . . . .			12,870,675	11	12,965,374
	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 . . . . .			1,694,017	15	1,720,665
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			15,021,326	16	15,883,183	
Liabilities	17	Accounts payable and accrued expenses . . . . .				17	
	18	Grants payable . . . . .			458,000	18	470,075
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third 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 . . . . .			458,000	26	470,075
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			12,869,312	27	13,692,443
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .			1,694,014	29	1,720,665
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			14,563,326	33	15,413,108
	34	Total liabilities and net assets/fund balances . . . . .			15,021,326	34	15,883,183

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	1,303,496
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	872,229
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	431,267
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	14,563,326
5	Net unrealized gains (losses) on investments . . . . .	5	391,864
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 in Schedule O) . . . . .	9	26,651
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,413,108

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization THE SHELTERING ARMS FOUNDATION	Employer identification number 41-0693926
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership 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 and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input checked="" type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><b>a</b> <input checked="" type="checkbox"/> Type I   <b>b</b> <input type="checkbox"/> Type II   <b>c</b> <input type="checkbox"/> Type III - Functionally integrated   <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated</div>
e	<input checked="" type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in (i) above? <b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?</div>
h		Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) THE DIOCESE OF MINNESOTA OF THE EPISCOPAL CHURCH	410694727	1	Yes			No		No	0
Total									0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

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

(Complete only if you checked the box on line 9 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						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE SHELTERING ARMS FOUNDATION	Employer identification number  41-0693926
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		2,610													
c Total lobbying expenditures (add lines 1a and 1b)		2,610													
d Other exempt purpose expenditures		869,619													
e Total exempt purpose expenditures (add lines 1c and 1d)		872,229													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		155,834													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		38,959													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	151,795	153,211	152,229	155,834	613,069
b Lobbying ceiling amount (150% of line 2a, column(e))					919,604
c Total lobbying expenditures	6,577	6,366	7,107	2,610	22,660
d Grassroots nontaxable amount	37,949	38,303	38,057	38,959	153,268
e Grassroots ceiling amount (150% of line 2d, column (e))					229,902
f Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
THE SHELTERING ARMS FOUNDATION

Employer identification number  
41-0693926

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a☐Public exhibition

b☐Scholarly research

c☐Preservation for future generations

d☐Loan or exchange programs

e☐Other

4Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII

5During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐Yes☐No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1aIs the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐Yes☐No

bIf "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
cBeginning balance	
dAdditions during the year	
eDistributions during the year	
fEnding balance	

2aDid the organization include an amount on Form 990, Part X, line 21?

☐Yes☐No

bIf "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1aBeginning of year balance . . . . .					
bContributions . . . . .					
cNet investment earnings, gains, and losses					
dGrants or scholarships . . . . .					
eOther expenditures for facilities and programs . . . . .					
fAdministrative expenses . . . . .					
gEnd of year balance . . . . .					

2Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

aBoard designated or quasi-endowment ▶

bPermanent endowment ▶

cTemporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3aAre there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)unrelated organizations . . . . .

(ii)related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

bIf "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1aLand . . . . .				
bBuildings . . . . .				
cLeasehold improvements . . . . .		57,755	37,225	20,530
dEquipment . . . . .		70,749	61,423	9,326
eOther . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				29,856



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,722,011
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	391,864
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	26,651
e	Add lines 2a through 2d . . . . .	2e	418,515
3	Subtract line 2e from line 1 . . . . .	3	1,303,496
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	1,303,496

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	872,229
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	872,229
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	872,229

Part XIII Supplemental Information

Complete this part to 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION'S FEDERAL AND STATE TAX FILINGS FOR 2009-2011 ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		NET INCREASE IN VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS 26,651



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE SHELTERING ARMS FOUNDATION

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public  
Inspection

Employer identification number  
41-0693926

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

42

3

Enter total number of other organizations listed in the line 1 table . . . . .

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

**Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT AND EXPENDITURE STATEMENT ON USE OF GRANT FUNDS TO THE FOUNDATION THE GRANTS COMMITTEE REVIEWS THESE GRANT REPORTS AND REPORTS BACK TO THE BOARD OF TRUSTEES

Software ID:

Software Version:

EIN: 41-0693926

Name: THE SHELTERING ARMS FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN OROMO COMMUNITY OF MINNESOTA450 SYNDICATE ST N SUITE 40 ST PAUL,MN 55104	41-1999251	501(C)3	10,000				TO SUPPORT ACL, AN ACADEMIC SUPPORT PROGRAM FOR K-12 YOUTH THAT OPERATES IN PARTNERSHIP WITH OBER COMMUNITY CENTER AND THE ST PAUL VISTA PROGRAM
APPETITE FOR CHANGE 2900 FREMONT AVE N 108 MINNEAPOLIS,MN 55411	27-5112040	501(C)3	15,000				AN INNOVATIVE APPROACH TO INTER-GENERATIONAL LEARNING, EARLY CHILDHOOD EDUCATION AND COMMUNITY-BASED RESEARCH THIS PROJECT WILL BRING PRE-SCHOOLERS AND THEIR CARE-GIVERS TOGETHER WITH OLDER YOUTH MENTORS FOR AN EXPERIMENTAL GARDEN AND COOKING PROGRAM WITH A COMMUNITY-BASED PARTICIPATORY RESEARCH APPROACH IN NORTH MINNEAPOLIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF OUR MERCIFUL SAVIORPO BOX 816 FARIBAULT, MN 55021	41-0963120	501(C)3	1,000				TO SUPPORT A WEEKLY EVENING COMMUNITY MEAL CALLED COMMUNITY CAFE THE PROGRAM WILL FEED HUNGRY FAMILIES, CONNECT FAMILIES WITH OTHERS IN THE COMMUNITY WHO CAN ACT AS RESOURCES AND CREATE COMMUNITY AMONG FARIBAULT'S DIVERSE GROUPS
CENTER CITY HOUSING CORPORATION105 1/2 WEST FIRST ST DULUTH, MN 55802	36-3485584	501(C)3	15,000				TO CONTINUE AND EXPAND PROGRAMMING TO HOMELESS FAMILIES WITH CHILDREN RESIDING IN CCHC'S SUPPORTIVE HOUSING PROGRAMS PROGRAMMING IS TARGETED TO CHILDREN BIRTH THROUGH 4 YEARS OLD AND THEIR PARENTS TO IMPROVE DEVELOPMENTAL OUTCOMES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO INC1915 CHICAGO AVE S MINNEAPOLIS,MN 55404	41-1290349	501(C)3	10,000				TO SUPPORT THE DEVELOPMENT OF A LEAD MONTESSORI TEACHER AND ADMINISTRATOR SO TRANSITION IS SUCCESSFUL THIS INCLUDES THEIR ATTENDANCE AT THE AMI-USA REFRESHER COURSE AND 40 HOURS OF MONTESSORI RELATED TRAINING THROUGHOUT 2013 FUNDS WOULD ALSO SUPPORT A WEEKLY ONE-HOUR EDUCATIONAL SESSION TO CREATE AND MAINTAIN SIEMBRA'S FAMILY GARDEN AS WELL AS DEVELOPMENT AND IMPLEMENTATION OF SIEMBRA'S NUTRITION EDUCATION PROGRAM
CHILD CARE AWARE OF MINNESOTA380 LAFAYETTE RD SUITE 103 ST PAUL,MN 55107	41-1730422	501(C)3	20,000				TO SUPPORT EFFORTS TO ENABLE MORE PROVIDERS TO PARTICIPATE IN THE STATEWIDE EXPANSION OF PARENT AWARE, PROVIDE ADDITIONAL TOOLS FOR PARENTS TO IDENTIFY AND SELECT HIGH QUALITY CARE, AND BUILD THE CAPACITY OF ORGANIZATION TO BETTER SERVE BOTH AUDIENCES THIS REQUEST WOULD ALSO SUPPORT TOOLS THAT WILL HELP ENGLISH LANGUAGE LEARNERS (BOTH PARENTS AND PROVIDERS) ACCESS PARENT AWARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE EPIPHANY EPISCOPAL4900 NATHAN LANE PLYMOUTH,MN 55442	41-1267205	501(C)3	1,000				TO SUPPORT THE CREATION OF A GIVING GARDEN BY CONVERTING 500 SQUARE FEET OF LAWN INTO A VEGETABLE GARDEN IN WHICH THE PRODUCE WILL BE GIVEN TO THE NEAR FOOD SHELF THIS PROJECT ENGAGE YOUTH IN THE EFFORT AND PROVIDE A HANDS-ON WAY FOR THEM TO COMBAT HUNGER AND HELP THE NEEDY IN THEIR COMMUNITY
EMERGE COMMUNITY DEVELOPMENT1101 WEST BROADWAY AVE MINNEAPOLIS,MN 55411	41-1277423	501(C)3	10,000				LINK PROGRAM ENHANCES THE SOCIAL AND ACADEMIC SKILLS OF AFRICAN AMERICAN PRE-K TO 12TH GRADE YOUTH WHO HAVE EXPERIENCED MULTIPLE INCIDENTS OF HOMELESSNESS AND CURRENTLY PARTICIPATE IN TWO NORTH MINNEAPOLIS BASED HOUSING PROGRAM FUNDING WOULD SUPPORT THREE PARTNERSHIPS DEVELOPED IN 2012 WITH EDIT, MN LITERACY COUNCIL AND SUMMER READ VISTAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY HOUSING FUND 801 NICOLLET MALL SUITE 1825 MINNEAPOLIS,MN 55402	41-1380923	501(C)3	20,000				TO ADVOCATE FOR PROMPT CREATION AND IMPLEMENTATION OF THE STATEWIDE, COMPREHENSIVE PLAN TO IMPROVE THE WELL-BEING OF CHILDREN ARE HOMELESS OR WHO HAVE EXPERIENCED HOMELESSNESS
HEARTLAND COMMUNITY ACTION AGENCY INCPO BOX 1359 WILLMAR,MN 56201	41-0904860	501(C)3	17,000				PACT FOR FAMILIES SERVES FIVE RURAL COUNTIES, KANDIYOHI, MEEKER, MCLEOD, RENVILLE AND YELLOW MEDICINE, WITH OVER 60 AGENCIES AND SCHOOL DISTRICTS AS MEMBERS THE INTENT OF THE REQUEST IS TO EXPAND OUR ABILITY TO PROVIDE INCREDIBLE YEARS PARENTING CLASSES, FOCUSING ON PARENTS OF CHILDREN FROM BIRTH THROUGH AGE 8 AS WELL AS EXPAND THE NUMBER OF INCREDIBLE YEARS TRAINED INSTRUCTORS PREPARED TO TEACH THE CURRICULUM ACROSS THE FIVE-COUNTY SERVICE AREA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HOLY APOSTLES EPISCOPAL CHURCH2200 MINNEHAHA AVE E ST PAUL,MN 55119	41-6009003	501(C)3	1,075				TO SUPPORT THE STRETCH PROGRAM IN WHICH YOUTH WILL HAVE AN OPPORTUNITY TO IMMERSE THEMSELVES WITH NOT ONLY THE COMMUNITY OF ST PAUL, BUT OUTSIDE OF IT AS WELL THEY WILL ASSIST HMONG FARMERS BY HARVESTING AND SELLING FRESH PRODUCE, VOLUNTEERING AT FEED MY STARVING CHILDREN AND PARTICIPATING IN GROUP ACTIVITIES
INTERFAITH OUTREACH & COMMUNITY PARTNERS 1605 COUNTY RD 101 N PLYMOUTH,MN 55447	36-3482724	501(C)3	15,000				TO PROVIDE EARLY CHILDHOOD MENTAL HEALTH SUPPORT THROUGH THE CARING FOR KIDS INITIATIVE, AN INNOVATIVE CROSS-SECTOR PROGRAM THAT PROVIDES CHILDREN AGES 0-5 OF LOW-INCOME FAMILIES ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION, AS WELL AS PARENT EDUCATION AND SUPPORT



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JOYCE PRESCHOOL1219 W 31ST STREET MINNEAPOLIS,MN 55408	81-0594016	501(C)3	10,000				TO EXPAND AND DEEPEN ITS PROGRAM OF VISITING PARENTS AT HOME IN ORDER TO BUILD RELATIONSHIPS, UNDERSTAND AND ADDRESS THE NEEDS OF FAMILIES AND CHILDREN AND TO PROVIDE NEW LEARNING OPPORTUNITIES IN AREAS OF GROWTH
KEYSTONE COMMUNITY SERVICES2000 ST ANTHONY AVE ST PAUL,MN 55104	41-0693924	501(C)3	12,000				TO EXPAND THE OUT-OF-SCHOOL TIME PROGRAM FOR HMONG YOUTH PROJECT WILL FOCUS ON STRENGTHENING THE READING AND MATH TUTORING COMPONENT OF THE PROGRAM FOR CHILDREN AGES 5-12

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KINSHIP PARTNERS INCPO BOX 642 BRAINERD,MN 56401	36-3477485	501(C)3	10,000				TO EXPAND OUTREACH TO MORE YOUTH IN A NEW SERVICE REGION, THE STAPLES-MOTLEY AREA
MESSIAH EPISCOPAL CHURCH1631 FORD PKWY ST PAUL,MN 55116	41-0855651	501(C)3	1,000				TO ENABLE KAREN REFUGEE CHILDREN TO ATTEND THE ANNUAL VACATION BIBLE SCHOOL CALLED GREAT ADENTURE DAYS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONTESSORI TRAINING CENTER OF MINNESOTA 1611 AMES AVE ST PAUL,MN 55106	41-1361913	501(C)3	12,000				TO EXPAND THE COMMUNITY OUTREACH PROGRAM BY HIRING A PART-TIME SOCIAL WORKER TO WORK WITH FAMILIES USING MONTESSORI METHODS TO PROMOTE EARLY LITERACY DEVELOPMENT, POSITIVE PARENT-CHILD INTERACTIONS, FAMILY HEALTH AND STABILITY AND INCREASED SCHOOL READINESS
NEIGHBORHOOD HOUSE 179 ROBIE ST EAST ST PAUL,MN 55107	41-0693916	501(C)3	15,000				TO EXPAND PROGRAM SERVICES INCLUDING AN ADDITIONAL DAY OF CLASS PER WEEK, HOME VISITS FOR SKILLS FOR SCHOOLS PARTICIPANTS, AND PARENTING WORKSHOPS DESIGNED TO REMOVE BARRIERS TO ACADEMIC SUCCESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTHFIELD HEALTHY COMMUNITY INITIATIVE 1651 JEFFERSON PKWY STE HS128 NORTHFIELD,MN 55057	26-2852506	501(C)3	10,000				TO CONTINUE TO BUILD THE CONTINUUM OF AFTER-SCHOOL AND SUMMER PROGRAMMING FOR LOW-INCOME AND AT-RISK CHILDREN LIVING IN NORTHFIELD SPECIFICALLY, SUPPORTING THE LAUNCH OF A COMMUNITY INITIATIVE FOR GREENVALE PARK ELEMENTARY, THE CITY'S MOST LOW-INCOME AREA, TO BECOME A HUB FOR COMMUNITY RESOURCES AND ACTIVITIES, INCLUDING EXTENDED OUT-OF-SCHOOL TIME PROGRAMMING, EARLY CHILDHOOD EDUCATION CLASSES, FOOD DISTRIBUTION AND EVENTUALLY DENTAL, MEDICAL AND MENTAL HEALTH SERVICES
NORTHLAND FOUNDATION 202 WEST SUPERIOR STREET DULUTH,MN 55802	41-1554455	501(C)3	15,000				TO CONTINUE SUPPORT FOR THE READING PALS PROGRAM AIMED AT BUILDING AND STRENGTHENING THE LITERACY AND READING SKILLS OF YOUNG CHILDREN AGES 3 TO GRADE 3, WITH THE SUPPORT OF CARING OLDER ADULT VOLUNTEERS, IN THE RURAL COMMUNITIES OF MCGREGOR, MOOSE LAKE AND PROCTOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NORTHSIDE ACHIEVEMENT ZONE2123 W BROADWAY AVE STE 100 MINNEAPOLIS,MN 55411	30-0238807	501(C)3	10,000				TO SUPPORT THE READY TO SUCCEED 12-WEEK PARENTING COURSE FOR CHILDREN OF 4-5 YEAR OLDS THE COURSE IS DESIGNED TO POSITIVELY IMPACT SCHOOL READINESS BY PROVIDING ACCESS TO RESOURCES AND EDUCATIONAL INFORMATION AND TOOLS FOR PARENTS, AND HIGH QUALITY EARLY CHILDHOOD INSTRUCTION FOR THEIR CHILDREN
PATCHWORK QUILT3120 WASHBURN AVE N MINNEAPOLIS,MN 55411	41-2007001	501(C)3	15,000				TO SUPPORT EXPANSION OF THE PROGRAM DUE TO LOCATION CHANGE AND ESTIMATED 20% INCREASE IN CHILDREN BEING SERVED AS WELL AS PROVIDING A NEW SIX-WEEK SUMMER PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PREVENT CHILD ABUSE MINNESOTA709 UNIVERSITY AVE W SUITE 234 ST PAUL,MN 55104	41-1354842	501(C)3	15,000				TO SUPPORT ADVOCACY INITIATIVE BY INCLUDING ACE'S INFORMATION - THE UNDERSTANDING OF TOXIC STRESS IMPACT ON THE DEVELOPING BRAIN, THE UNIQUE DYNAMIC OF GENERATIONAL TRAUMA, AND THE LANGUAGE ADJUSTMENTS NECESSARY TO PROVIDE A CULTURALLY COMPETENT AND RELEVANT CURRICULUM FOR DIVERSE COMMUNITIES THE INTENT IS TO INFLUENCE STATEWIDE CHILDCARE CURRICULUM TO INCLUDE THIS INFORMATION
PROJECT FINE202 WEST THIRD ST WINONA,MN 55987	41-1883675	501(C)3	15,000				TO SUPPORT IMMIGRANT AND REFUGEE FAMILIES IN WINONA COUNTY TO GAIN A GREATER UNDERSTANDING OF THE IMPORTANCE OF EARLY LEARNING ON FUTURE EDUCATIONAL SUCCESS

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PROJECT GET OUTDOORS INCPO BOX 414 PRESTON,MN 55965	26-1837441	501(C)3	10,000				TO DEVELOP A STATEWIDE PROGRAM COORDINATOR POSITION AND A COMMUNITY MAPPING & OUTREACH AMERICORPS MEMBER POSITION THESE INDIVIDUALS WILL WORK TO DEVELOP PARTNERSHIPS, WORK CLOSELY WITH THE CONSERVATION CORPS OF MINNESOTA, U OF M EXTENSION SERVICE AND THE US FISH & WILDLIFE SERVICE TO DEVELOP TRAINING PROGRAMS, EVALUATION TOOLS AND STRONG AFTER-SCHOOL PROGRAMMING
RESOURCE INC1900 CHICAGO AVENUE MINNEAPOLIS,MN 55404	41-0828779	501(C)3	10,000				TO CONTINUE THE FAMILY & CHILD DEVELOPMENT EXPANSION TO INCLUDE AN ADDITIONAL 50 CHILDREN MORE INTENSE SERVICES FOR THE CHILDREN, MORE COACHING FOR THE MOTHERS AND MORE HOME VISITS ARE NECESSARY TO MEET THE EARLY EDUCATIONAL AND DEVELOPMENT NEEDS OF THESE VULNERABLE CHILDREN THESE SERVICES FOCUS ON THE CHILDREN, AGES 0-5, WHO WITH THEIR PARENTS ARE IN THE FAMILY RESIDENTIAL CHEMICAL DEPENDENCY TREATMENT PROGRAM

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SABATHANI COMMUNITY CENTER INC310 E 38TH ST SUITE 200 MINNEAPOLIS,MN 55409	41-0984859	501(C)3	12,000				TO SUPPORT EXPANSION OF CURRENT HORIZONS YOUTH PROGRAM TO INCORPORATE A STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) FOCUS IN COLLABORATION WITH SELF INTERNATIONAL, INC
SO HOWARE THE CHILDREN528 NW FIRST AVE FARIBAULT,MN 55021	35-2161725	501(C)3	14,000				TO PROVIDE SUMMER YOUTH PROGRAMMING IN TWO LOW-INCOME NEIGHBORHOODS WHERE MANY ESL CHILDREN RESIDE PROGRAMMING WILL INCLUDE READING, MATH AND SCIENCE LEARNING ACTIVITIES, ANTI-BULLYING AND SUBSTANCE ABUSE PREVENTION AND POSITIVE RESILIENCY EDUCATION FUNDING WILL ALSO PROVIDE TRANSPORTATION TO A SCHOOL-DISTRICT-PROVIDED SUMMER FOOD SERVICE SITE



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STANNE'S PLACE1803 BRYANT AVE N MINNEAPOLIS,MN 55411	41-1396238	501(C)3	10,000				TO SUPPORT AN EARLY CHILDHOOD COMPONENT TO THE CHILDREN'S PROGRAM TO MEET THE PARENTAL SUPPORT AND EDUCATIONAL NEEDS OF YOUNG MOTHERS AND THEIR PRESCHOOL CHILDREN WHO ARE HOUSED AT THE EMERGENCY SHELTER
ST MARY'S EPISCOPAL CHURCH1895 LAUREL AVENUE ST PAUL,MN 55104	41-0711507	501(C)3	1,000				TO SUPPORT VOLUNTEER TUTORING, CURRICULUM AND LIBRARY MATERIALS, AND EDUCATION WORKSHOPS ON RACE, POVERTY AND LITERACY

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ST PAUL AREA COUNCIL OF CHURCHES1671 SUMMIT AVENUE ST PAUL,MN 55105	41-0694741	501(C)3	10,000				TO PROVIDE SIX WEEKS OF FREEDOM SCHOOL'S DAILY ACADEMIC, CULTURAL AND SOCIAL SUMMER ENRICHMENT ACTIVITIES FOR AFRICAN AMERICAN KIDS GRADES K-8
ST STEPHEN'S HUMAN SERVICES INC2309 NICOLLET AVE MINNEAPOLIS,MN 55404	01-0639118	501(C)3	13,000				TO PURCHASE AND IMPLEMENT THE INCREDIBLE YEARS TRAINING SERIES FOR HOMELESS CHILDREN AGED 0-5 AND THEIR PARENTS SERVED BY ST STEPHEN'S FAMILY SUPPORTIVE SERVICES

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THE CHILDREN'S THEATRE COMPANY2400 THIRD AVENUE SOUTH MINNEAPOLIS,MN 55404	41-1254553	501(C)3	15,000				TO SUPPORT HIGH-QUALITY, THEATRE-BASED LEARNING EXPERIENCES BASED ON BEST PRACTICES IN EARLY CHILDHOOD EDUCATION TO EARLY LEARNERS FROM LOW-INCOME FAMILIES IN THE TWIN CITIES CTC WILL ALSO ADDRESS THE NEEDS OF CHILDREN'S CAREGIVERS, PROVIDING PROFESSIONAL DEVELOPMENT FOR EARLY CHILDHOOD PROFESSIONALS AND UNIQUE OPPORTUNITIES FOR LOW-INCOME PARENTS TO ENGAGE IN POSITIVE, PLAY-BASED LEARNING WITH THEIR YOUNG CHILDREN
URBAN STRATEGIES INC 720 OLIVE ST SUITE 2600 ST LOUIS,MO 63101	43-1141027	501(C)3	10,000				TO SUPPORT THE CREATION OF THE CHEFS IN MOTION PROGRAM, DESIGNED TO ENGAGE YOUTH AGES 5-12 AND THEIR FAMILIES IN MULTI-DISCIPLINARY HEALTH AND WELLNESS PROGRAMMING UTILIZING COMMUNITY COLLABORATION AND TOPICAL EXPERTISE

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VILLAGE OF HOPE525 MISSISSIPPI AVE BEMIDJI,MN 56601	36-3418205	501(C)3	10,000				TO DEVELOP THE PEACH PROGRAM (PHYSICAL AND EMOTIONAL AWARENESS FOR CHILDREN WHO ARE HOMELESS) TO PROVIDE EDUCATION FOR CHILDREN AND THEIR FAMILIES TO UNDERSTAND THEIR BODIES REACTION TO STRESS AND PROVIDE LIFE SKILLS AND COPING SKILLS TO BREAK THE CYCLE OF HOMELESSNESS
WAY TO GROW125 WEST BROADWAY 110 MINNEAPOLIS,MN 55411	71-0956749	501(C)3	10,000				TO SUPPORT EXPANSION OF THE EARLY CHILDHOOD PROGRAM HOME-VISITING PROGRAM TO INCLUDE CHILDREN FROM KINDERGARTEN TO 3RD GRADE

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WEST CENTRAL INITIATIVEPO BOX 318 FERGUS FALLS,MN 56538	36-3453471	501(C)3	10,000				TO SUPPORT LOCAL COMMUNITIES IN BUILDING A QUALITY EARLY CHILDHOOD CARE AND EDUCATION INFRASTRUCTURE BY IDENTIFYING AND OVERCOMING BARRIERS TO PARTICIPATING IN PARENT AWARE
YMCA OF THE GREATER TWIN CITIES30 SOUTH 9TH STREET MINNESPOLIS,MN 55402	45-2563299	501(C)3	10,000				TO SERVE CHILDREN AND YOUTH FROM URBAN, MINORITY, IMMIGRANT AND LOW-INCOME BACKGROUNDS USING BEACONS, AN AFTER-SCHOOL PROGRAM THAT PROVIDES ACTIVITIES TO HELP YOUTH IMPROVE THEIR ACADEMIC, SOCIAL AND LEADERSHIP SKILLS

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YOUTH FARM AND MARKET PROJECT128 W 33RD ST SUITE 2 MINNEAPOLIS, MN 55408	41-1896055	501(C)3	10,000				TO CREATE A FAMILY ENGAGEMENT PROGRAM THAT INTERACTS WITH DIRECT YOUTH PROGRAMMING TO STRENGTHEN ALL OF THE DEVELOPMENT, COMMUNITY ENGAGEMENT AND COMMUNITY HEALTH AND WELLNESS OUTCOMES
YOUTHPRISE615 FIRST AVE NE SUITE 125 MINNEAPOLIS, MN 55413	27-4126970	501(C)3	10,000				TO MATCH FUNDING BEING REQUESTED THROUGH THE MOTT FOUNDATION ACHIEVEMENT GRANT THIS GRANT WILL FOCUS ON CONTINUING TO BUILD AND EXPAND A STATEWIDE INFRASTRUCTURE TO SUPPORT MINNESOTA'S AFTERSCHOOL PROGRAMMING

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YWCA OF DULUTH32 EAST FIRST STREET DULUTH,MN 55802	41-0696493	501(C)3	15,000				TO ADDRESS THE EMOTIONAL/SOCIAL DEVELOPMENT NEEDS OF CHILDREN AGES 6 WEEKS TO 5 YEARS BY EXPANDING PROFESSIONAL DEVELOPMENT FOR ALL TEACHERS IN THE CIRCLES OF SECURITY PROTOCOL AND SECOND STEP CURRICULUM ACTIVITIES INCLUDE LEARNING LABS, REFLECTION, VIDEOTAPING AND IMPROVED OUTREACH TO PARENTS
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS,MN 55403	41-0693891	501(C)3	15,000				TO SUPPORT THE CONTINUATION OF THE ADVOCACY PARTNERSHIP WITH CHILD CARE WORKS! (CCW) AND SUPPORT GRASSROOTS ADVOCACY EFFORTS WITH PARENTS AND CAREGIVERS OF YOUNG CHILDREN AND EARLY CHILDHOOD TEACHERS FUNDS WOULD SUPPORT CONTRACTING WITH CCW FOR ON-SITE COMMUNITY ORGANIZER 8-12 HOURS A WEEK TO SUPPORT ADVOCACY WORK BY YWCA CHILDREN'S CENTERS FAMILIES, TEACHERS AND CHILDREN TO TRAIN INDIVIDUALS FROM UNDER-REPRESENTED GROUPS IN PUBLIC ADVOCACY SKILLS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
THE SHELTERING ARMS FOUNDATION

Employer identification number  
41-0693926

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	MINUTES ARE KEPT FOR ALL BOARD, EXECUTIVE COMMITTEE AND FINANCE COMMITTEE MEETINGS, PER OUR BYLAWS. OTHER COMMITTEES' MINUTES MAY BE KEPT BY THE CHAIR OR OTHER COMMITTEE MEMBERS AS DEEMED APPROPRIATE.
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE ANNUALLY REVIEWS THE AUDIT AND 990 TAX RETURN AS PRESENTED BY THE INDEPENDENT AUDITING FIRM. ONCE APPROVED BY THE FINANCE COMMITTEE, THE REPORT IS MADE TO THE FULL BOARD OF TRUSTEES BY THE TREASURER. THE 990 RETURN IS AVAILABLE FOR FULL REVIEW BY ALL TRUSTEES ON THE SECURE SECTION OF THE FOUNDATION'S WEBSITE PRIOR TO FILING THE RETURN.
	FORM 990, PART VI, SECTION B, LINE 12C	EACH TRUSTEE RECEIVES A CONFLICT OF INTEREST POLICY AND ANNUAL DISCLOSURE STATEMENT AT THE BEGINNING OF THE FISCAL YEAR. THE EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR REGULARLY MONITOR THE ACTIVITIES OF THE TRUSTEES TO MAKE SURE ANY VOTING OR DISCUSSION OF REPORTED CONFLICTS ARE IN COMPLIANCE WITH THE POLICY.
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR OVER THE PREVIOUS YEAR. THE EXECUTIVE DIRECTOR DOES A SELF REVIEW AND THE COMMITTEE SEEKS TRUSTEE INPUT FROM THE FULL BOARD VIA A WRITTEN QUESTIONNAIRE OR BY CONDUCTING PHONE INTERVIEWS. BASED ON THIS INFORMATION, THE COMMITTEE AND EXECUTIVE DIRECTOR ESTABLISH A VISION FOR THE COMING YEAR. THE EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR PERFORM A SIMILAR REVIEW PROCESS. THE EXECUTIVE COMMITTEE RECOMMENDS ANY SALARY ADJUSTMENTS FOR BOTH KEY STAFF, THE EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTOR. COMPARABLE DATA (INCLUDING SALARY SURVEYS FROM THE COUNCIL ON FOUNDATIONS, ASSOCIATION OF SMALL FOUNDATIONS AND GRANT MANAGERS NETWORK) IS USED IN DETERMINING SALARY ADJUSTMENTS FOR BOTH KEY STAFF.
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THE FOUNDATION'S WEBSITE UNDER "ABOUT US." THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS OF THE FOUNDATION ARE AVAILABLE UPON REQUEST.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	NET INCREASE IN VALUE OF BENEFICIAL INTERESTS IN PERPETUAL TRUSTS 26,651
		THE OVERSIGHT PROCESS OR SELECTION PROCESS DID NOT CHANGE DURING THE TAX YEAR.



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
THE SHELTERING ARMS FOUNDATION

Employer identification number  
41-0693926

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE DIOCESE OF MINNESOTA OF THE EPISCOPAL CHURCH  1730 CLIFTON PLACE SUITE 201  MINNEAPOLIS, MN 55403 41-0694727	CHURCH	MN	501(C)(3)	1	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 country)	(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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.

[illegible]

**Software ID:**  
**Software Version:**  
**EIN:** 41-0693926  
**Name:** THE SHELTERING ARMS FOUNDATION

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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