Form	990
Form	330

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. 2020 Open to Public

	artment of rnal Reven	the Treasury ue Service	► Go to www.irs.gov/Fo	rm990 for instructions ar	•	•	Inspection
Α			endar year, or tax year beginning	7/1/2020	, and ei	nding 6/30	0/2021
В	Check if a	applicable:	C Name of organization SHANTI PRC	JECT		D Employer	identification number
	Address	change	Doing business as				_
Π	Name ch	ange	Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	94-2297147	
			3170 23RD STREET City or town	State	ZIP code	E Telephone	number
	Initial retu	um	San Francisco	CA	94110	(415) 674-4	700
	Final return	n/terminated		province/state/county	Foreign postal	code	
	Amended	d return			0.1	G Gross rece	eipts \$ 8,886,260
\square	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a group return f	or subordinates? Yes X No
	Applicatio	on pending	KAUSHIK ROY, 3170 23RD ST., SA	N FRANCISCO CA 94	110	H(b) Are all subordinate	
<u> </u>	-					If "No," attach a lis	
		mpt status:		(insert no.) 4947(a)(1)	or 527		
			v.shanti.org			H(c) Group exemption r	iumber ►
к	Form of	organization	: X Corporation Trust Associ	ation Other ►	L Yea	or of formation: 1975	M State of legal domicile: CA
	Part I		nmary		<u>.</u>		
-	1	Briefly d	escribe the organization's mission or	most significant activities	s: <u>Toe</u> r	hance the health, o	quality of life and
Activities & Governance			ng of people with terminal, life-threate			.	
rna		continuu	m of services, including in-home and	onsite patient and care	navigation.		
Vel	2	Check the	nis box 🕨 🔲 if the organization dis	continued its operations	or disposed	of more than 25% of	of its net assets.
ö	3	Number	of voting members of the governing	body (Part VI, line 1a) .			3 13
ა ა	4		of independent voting members of the				4 13
itie	5		mber of individuals employed in cale		ine 2a) . .		5 75
Ę	6		mber of volunteers (estimate if neces				6 500
Ă	7a		related business revenue from Part \				7a 0
	b	Net unre	lated business taxable income from	Form 990-T, Part I, line 1	11		7b 0
	•	0				Prior Year	Current Year
ne	8		tions and grants (Part VIII, line 1h).			5,982	
Revenue	9		service revenue (Part VIII, line 2g).				9,161 1,172,959
Re e	10 11		ent income (Part VIII, column (A), line venue (Part VIII, column (A), lines 5,				3,284 791 3,116 128,188
	12		enue—add lines 8 through 11 (must eq			7,002	
	13		ind similar amounts paid (Part IX, co			1,002	0 0
	14		paid to or for members (Part IX, colu				0 0
s			other compensation, employee benefits			4,374	
Expenses	16a		onal fundraising fees (Part IX, colum			,	0 0
bel	b		draising expenses (Part IX, column		645,586		
ш	17		penses (Part IX, column (A), lines 1			2,208	3,520 2,631,928
	18		penses. Add lines 13–17 (must equa		e 25)	6,582	
	19	Revenue	e less expenses. Subtract line 18 from	m line 12			9,806 936,019
s or	200					Beginning of Current	
Net Assets or	20					5,425	
let A	21					2,438	
			ets or fund balances. Subtract line 21	from line 20		2,987	7,054 3,923,073
	art II		nature Block , I declare that I have examined this return, incl		and atatamanta	and to the heat of my kn	
	-		ct, and complete. Declaration of preparer (other			-	-
				ł			~
Si			Signature of officer			Date	
He	ere		PATRICIA SCHNEDAR		CFO		
			Type or print name and title				
	_	Print	/Type preparer's name	Preparer's signature		Date	PTIN
Ра		911	DON NOE				heck X if elf-employed P00049254
	eparer	r		1			
Us	e Only	y –			04.04004		57-1194853
			's address ► 8105 EDGEWATER DR.			Phone no.	(510) 553-1231
Ма	iy the IF	≺S discus	s this return with the preparer shown	above? See instructions	3		X Yes No

Form 9	90 (2020)	SHANTI PROJECT	94-2297147	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	-	escribe the organization's mission: edule O.		
2	the prior	brganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
3	Did the of services	brganization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program services es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.	-	
4a	HIV Prog strong, e with one	grams: When people living with HIV/AIDS receive medical and emotional support, they feel empowered, and worthy. Our continuum of HIV services allows these individuals to connect other and access much needed resources like medical and mental health care, housing	ie \$	
4b) (Expenses \$ 806,180 including grants of \$) (Revenue Murphy Women's Cancer Program: When women diagnosed with cancer are genuinely seen and	ie \$	
		ed, not just medically, but emotionally, they gain a sense of empowerment about their It and their lives. Through our Women's Cancer Program, our Care Navigators provide a		
		e of culturally competent services including patient advocacy, language interpretation, ervices application support, appointment accompaniment, and transportation assistance. We		
		ents where they are at - in homes, in hospital rooms, or in our offices.		
4c	Pets Are) (Expenses \$ 950,211 including grants of \$) (Revenue Wonderful Support (PAWS): When our neighbors know their animals are being loved and cared)
		have the time, space, and confidence to navigate the other issues in their lives. PAWS I volunteers assist clients in caring for their pets through supportive services like pet		
		I supplies, veterinary services, dog walking, in-home cat care, transports to vet nents, and emergency pet foster care.		
4d	Other pr (Expens	ogram services (Describe on Schedule O.) es \$ 3,112,650 including grants of \$ 0) (Revenue \$	0)	
4e		bgram service expenses	 	

Form 990 (2020) SHANTI PROJECT

94-2297147 Page	3
J4-229/14/ Pag	e.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	~	
5				v
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'		-		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		~	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
				X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		~
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	TTu		
b		1		
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions.	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
10		40	v	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х
				<u> </u>

Form 990 (2020)

SHANTI PROJECT

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
		240		^
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	~ (~
	to defease any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		V
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If Yes, " complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
~~	Did the organization reducate, terminate, or dissolve and cease operations? <i>If Test, complete Schedule N, Fait T</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	51		~
32		20		v
	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		х
20		07		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• •	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	х	
-				

Form 9	90 (2020) SHANTI PROJECT 94-22	97147	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b		5	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
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		х
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		V
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year	15		Х
4.6	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

Form 9	990 (2020) SHANTI PROJECT 94-225	7147	P	age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			ugo 🖢
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			ions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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 1a 13			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	I_		v
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
8	stockholders, or persons other than the governing body?	7b		Х
o	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		v
42	describe in Schedule O how this was done	12c	Х	Х
13 14	Did the organization have a written document retention and destruction policy?	13 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	~	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
19	and financial statements available to the public during the tax year.	ncy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PATRICIA SCHNEDAR (415) 625-5221	-		
	3170 23RD STREET, SAN FRANCISCO, CA 94110			

Form 990 (2020)	SHANTI PROJECT	94-2297147	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	es	
1a Complete the organization's	nis table for all persons required to be listed. Report compensation for the calendar year ending with o tax year.	r within the	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson i irecto	than on a pr/trustee	n Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	37.50			v			0.4.4.000		00.404
	0.00		*	Х			241,286	0	20,481
(2) SCHNEDAR, PATRICIA CFO	37.50 0.00			х			166,288	0	1,255
(3) MEADE, CHARLIE	37.50			~			100,200		1,200
CHIEF DEVELOPMENT OFFICER	0.00					х	142,164	0	22,595
(4) BRYAN, MELISSA	37.50						, -		,
DEPUTY EXECUTIVE DIRECTOR	0.00					х	144,451	0	11,444
(5) NICKELL, ALYSSA	37.50								
PROGRAM DIRECTOR	0.00					Х	102,070	0	9,194
(6) MOLNAR, MARK	37.50								
PROGRAM DIRECTOR	0.00					Х	100,682	0	9,098
(7) DAWES, WILLIAM	2.00								
DIRECTOR	0.00	Х					0	0	0
(8) KLEARMAN, MICKI	4.00								_
CHAIR	0.00	Х		Х			0	0	0
(9) ENNIS, JAMIE	2.00	v							
	0.00	Х					0	0	0
(10) SULLIVAN, ETHAN DIRECTOR	2.00 0.00	х					0	0	0
(11) SUPANICH, CHIP	2.00	^					0	0	0
DIRECTOR	0.00	х					0	0	0
(12) FRANCONE, JERRY	4.00	~					0		
TREASURER	0.00	х		х			0	0	0
(13) LAWLOR, KATIE	2.00								
DIRECTOR	0.00	х					0	0	0
(14) WEINSTEIN, JOSH	2.00								
DIRECTOR	0.00	Х					0	0	0

Form 990 (2020)

Form 9	990 (2020)	SHANTI PROJECT									94-229	7147 Page 8
Pa	rt VII	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,			ghest	t Co	ompensated Em	ployees (contin	ued)
							C) sition					
		(A)	(B)			neck	more	e than o		(D)	(E)	(F)
		Name and title	Average hours					is both or/truste		Reportable compensation	Reportable compensation	Estimated amount of other
			per week			1	1			from the	from related	compensation
			(list any hours for	Individual trustee or director	stitu	Officer	Key e	ighe mplo	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
			related	dual ecto	Ition	Ť	ldu.	st o byee	er	(1099-10130)	(1099-10130)	related organizations
			organizations below	r trus	al tr		employee	omp				
			dotted line)	stee	Institutional trustee		ŵ	Highest compensated employee				
					e			ated				
(15)	MCCARTH	Y, COLLEEN	4.00									
	CHAIR		0.00	х		х				0	0	0
	SELL, JOH	Ν	2.00									<u> </u>
	CTOR		0.00	х						0	• 0	0
(17)	VINCENT,	MARC	2.00							\frown		
DIRE	CTOR		0.00	Х						0	0	0
(18)	YEE, STAN	ILEY	2.00									
DIRE	CTOR		0.00	Х						0	0	0
(19)	BIRCHWO	OD, CHRISTINE	2.00									
-	CTOR		0.00	Х						0	0	0
		SHELIA FISCHER	2.00									
	CTOR		0.00	Х					-	0	0	0
(21)									-			
(22)				•								
(22)								Ĩ				
(23)							-					
(20)				M								
(24)												
(25)												
				r								
1b	Subtotal .				•		•	· ·		896,941	0	74,067
C		continuation sheets to Part VII, S		• •	• •	•	• •			0	0	0
		lines 1b and 1c).								896,941	0	74,067
2		er of individuals (including but not li compensation from the organization		sted a	adov	e) v	vno	receiv	vea	more than \$100	,000 of	6
		compensation from the organization	-									Yes No
3	Did the ora	anization list any former officer, dire	ector, trustee, ke	vem	plov	ee.	or h	niahes	st co	ompensated		
-		on line 1a? If "Yes," complete Sched						-				3 X
4		ividual listed on line 1a, is the sum o					nd c	other	con	pensation from		
-	-	ation and related organizations grea		-						•	h	
	individual .							-				4 X
5		rson listed on line 1a receive or acci									vidual	
Ū		s rendered to the organization? If "Y										5 X
Sect		pendent Contractors	<i>, ,</i>									
1	Complete t	his table for your five highest compe										
	compensat	ion from the organization. Report co	mpensation for t	he ca	alen	dar	yea	r endi	ing	with or within the	e organization's t	ax year.
		(A)								(B)		(C)
		Name and business add	ress							Description of ser	vices C	compensation
												0
												0
												0
												0
2	Total numb	er of independent contractors (inclu	ding but not limit	ed to	tho	se l	iste	d abo	ve)	who received		0
		\$100,000 of compensation from the							Ó			

Form 990 (2020
Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII. (B) (A) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a 0 Contributions, Gifts, Grants and Other Similar Amounts 1b 0 b Membership dues 1c 0 c Fundraising events Related organizations 1d 0 d Government grants (contributions) . . . 1e 5,124,075 е All other contributions, gifts, grants, and f similar amounts not included above . . 1f 2,437,791 Noncash contributions included in q lines 1a–1f. 1q \$ 10,161 Total. Add lines 1a–1f ► 7,561,866 h **Business Code** Program Service 2a SERVICE FEES 624100 1.172.959 1.172.959 0 b Revenue _____ 0 С 0 d 0 е _____ 0. f All other program service revenue . . Total. Add lines 2a-2f. ► 1.172.959 g Investment income (including dividends, interest, and 3 other similar amounts). 791 791 0 4 Income from investment of tax-exempt bond proceeds . Þ 5 Royalties 0 (i) Real (ii) Personal 57.443 6a Gross rents 6a b Less: rental expenses . 6b 57.443 c Rental income or (loss) 6c C d Net rental income or (loss) 57,443 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory . . 7a C 0 Other Revenue b Less: cost or other basis and sales expenses . . 7b 0 7c 0 С Gain or (loss) d Net gain or (loss) . . . 0 Gross income from fundraising 8a events (not including \$ of contributions reported on line 1c). See Part IV, line 18. 8a 55,591 Less: direct expenses . 22,456 8b b c Net income or (loss) from fundraising events . ► 33,135 9a Gross income from gaming activities. See Part IV, line 19. 9a 0 Less: direct expenses 9b 0 b c Net income or (loss) from gaming activities ► 0 10a Gross sales of inventory, less returns and allowances 10a 0 10b Less: cost of goods sold 0 b С Net income or (loss) from sales of inventory ► 0 **Business Code** Miscellaneous 11a Self-funded Unemployment Balance 900099 36,083 36,083 Revenue b Rebates and Rewards 900099 1.527 1,527 0 С d All other revenue 0 Total. Add lines 11a-11d . 37,610 е ► 12 Total revenue. See instructions. ► 8.863.804 1,210,569 0 791

SHANTI PROJECT

12 Advertising and promotion 0 0 13 Office expenses 304,324 210,829 47,230 46,265 14 Information technology 78,533 65,959 6,326 6,248 14 Royalties 0 0 0 0 16 Occupancy 290,719 249,389 19,353 21,977 17 Travel 14,330 9,636 2,233 2,461 18 Payments of travel or entertainment expenses for any federal, state, or local public officits 0 0 0 19 Conferences, conventions, and meetings 12,620 12,588 322 10 Interest 0 0 0 0 22 Depreciation, depletion, and amoritzation 73,682 63,381 6,588 3,713 23 Insurance 33,772 24,885 6,530 2,357 24 Other expenses on Schedule O.) 33,772 24,885 6,530 2,357 24 Other expenses on Schedule O.) 806,933 807,022 -193 104 25		t IX Statement of Functional Expenses	columns All other o	rappizations must a	omploto column (A)	
Do not include amounts reported on lines 66, 7b, 89, 89, and 10b of Part VII. (h) Total separate expansion (c) Program structs Program structs expansion (c) Program structs Program structs expansion (c) Program structs Program structs expansion 10 Grants and other assistance to domestic governments. See Part IV, line 21. 0 (c) Program structs expansion (c) Program structs expansion 10 Grants and other assistance to domestic individuals. See Part IV, line 22. 0 (c) Program structs expansion (c) Program structs expansion 10 Grants and other assistance to domestic individuals. See Part IV, line 23. 0 (c) Program structs expansion 10 Banefits paid to of tor members. trustees, and key employees. 0 (c) Program structs expansion 10 Compensation of function of baSic (3)(8). (c) Program structs expansion (c) Program structs expansion 10 Payroll taxes. 291,708 416,867 10 Payroll taxes. 311,639 291,708 11 Pression provides (10memployees): a Maragement. 9 446,735 319,167 11 Prostore provides (10memployees): a Maragement. 9 194,100 103,332 11 Prostore provides (10memployees): a Maragement. 9 194,100 12 Porter employees 194,002 103,332 184,165 <t< th=""><th>3600</th><th></th><th></th><th></th><th></th><th></th></t<>	3600					
I Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21. O Denote the second seco		not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
domestic governments. See Part IV, line 21. 0 individuals. See Part IV, line 22. 0 a Grants and other assistance to foreign individuals. See Part IV, line 23. 0 a Grants and other assistance to foreign individuals. See Part IV, line 24. 0 b Benefits paid to or for members. 0 c Compensation of current officers. firedors, trustees, and key employees 0 c Compensation of included above to disqualified persons described in section 4958(IV) and persons described in section 4958(IV) and p		-		expenses	general expenses	expenses
2 Grants and other assistance to foreign individuals. See Part IV, line 22. 0 0 3 Grants and other assistance to foreign organizations, foreign governments, and 16. 0 0 4 Benefits paid to or for members. 0 0 0 5 Compensation of current officers, iffractors, trustees, and key employee. 0 0 0 6 Compensation of current officers, iffractors, trustees, and key employee. 430.913 87.293 310.806 32.714 7 Other and key employee. 430.913 87.293 310.806 32.714 9 Density and key employee. 440.735 279.187 29.300 38.248 10 Parsion phase acruats and contributions (include section 401(k) and 403(k) employer contributions. 446.735 279.187 29.300 38.248 10 Paryot taxes See Part IV, line 17. 0 0 0 0 1 Fees for services (normployees): 3 317.637 260.342 24.133 33.066 10 Legal. Control taxes 0 0 0	1	•	0			
individuals. See Part IV, line 12	2	5				
organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 0 4 Benefits paid to or for members. 0 5 Compensation of ourrent officers, firectors, trustees, and key employees. 0 6 Compensation of ourrent officers, firectors, trustees, and key employees. 430,913 87,383 310,806 32.714 7 Compensation not included above to disqualified persons (described in section 4556(c)(3)(5). 0 0 32.714 8 Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions). 446,735 470,178 3,391,983 291,708 416,887 9 Other employee benefits. 446,735 470,314 240,303 32.48 10 Payrol taxes. 177,653 420,342 24,193 33.096 14 Lobbying. 0 - <t< th=""><th>_</th><th></th><th>0</th><th></th><th></th><th></th></t<>	_		0			
individuals: See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
4 Benefits paid to or for members 0 0 5 Compensation of current officers, trustees, and key employees 430,913 87,393 310,806 32,714 6 Compensation not included above to disqualified persons described in section 4950(f(1)) and described in accribined describe		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees. 430.913 87.333 310.806 32.714 6 Compensation not included above to disqualified persons (as defined under section 4986(r)(1) and to the complex end to the section 4986(r) and the section 4			0			
trustees, and key employees 430,913 87,333 310,806 32,714 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f) and for any federal state, or local public officials. 10 Other expenses in Covered above (ist miscaliance) 0 14,330 9,451 2,461 10 Other expenses in discribute (ist in section 4958(f) and for any federal state, or local public officials. 0 14,330 9,632 2,451<			0			
6 Compensation not included above to disqualified persons described in section 4958(c)(3)(A) on persons described in section 4958(c)(3)(B) on the salaries and wages of the section 4958(c)(3)(B) on the salaries and wages of the section 4958(c)(3)(B) on the salaries and wages of the section 4958(c)(3)(B) on the salaries and wages of the section 4958(c)(3)(B) on the section 4958(c) (3)(B) on the section 4958(c)(3)(B) on the section 4958(c) (3)(B) on the	5	-				
persons (as defined under section 4958(h(1)) and persons described in section 4958(h(1)) and persons described in section 4958(h(1)) and section 401(k) and 403(b) employer ontributions of the remployee benefits. 4,100,576 3,391,983 291,708 416,887 9 Other employee benefits. 0	•		430,913	87,393	310,806	32,714
persons described in section 4956(c)(3)(B). 0 7 Other salaries and wages 4,100,578 3,391,983 291,708 416,887 9 Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 4,100,578 3,391,983 291,708 416,887 10 Payroll taxes 317,634 260,342 24,193 33,096 11 Fees for services (nonemployees): 416,735 379,187 29,300 38,248 10 Payroll taxes 317,634 260,342 24,193 33,096 11 Fees for services (nonemployees): 416,867 317,634 260,342 24,193 33,096 12 Advances (nonemployees): 416,867 317,634 260,342 24,193 33,096 14 Legal 0 1 146,867 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853 160,853<	6					
7 Other salaries and wages. 4,100,578 3,391,383 291,708 416,887 8 Pension plan accutals and contributions). 0 0 0 0 9 Other employee benefits 0 0 3379,183 291,708 416,887 10 Payrolit taxes. 177,634 29,300 36,248 0 33,096 11 Fees for services (nonemployees): 0<			0			
8 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions). 0 9 Other employes benefits. 376,187 29,300 38,248 10 Payroll taxes. 317,634 260,342 24,193 33,096 11 Fees for services (nonemployees): 317,634 260,342 24,193 33,096 12 Legal. 317,634 260,342 24,193 33,096 14 Legal. 9,016 9,116 9,016	7		v	2 201 092	201 709	116 007
section 401(k) and 403(b) employer contributions). 0 446,735 379,187 29,300 38,248 10 Payroli taxes			4,100,576	3,391,963	291,700	410,007
9 Other employee benefits 446,735 379.187 29,300 38,248 10 Payrolit taxes 317,631 260,342 24,193 33,096 11 Fees for services (nonemployees): 317,631 260,342 24,193 33,096 11 Accounting 0 1	0		0	\frown		
10 Payroll taxes 317,631 260,342 24,193 33,096 11 Fees for services (nonemployees): 317,631 260,342 24,193 33,096 11 Fees for services (nonemployees): 317,631 260,342 24,193 33,096 11 General conting. 317,631 260,342 24,193 33,096 12 Adventising services. (nonemployees): 9,116 9,116 9,116 9,116 11 Contracting. 0 9,116 1,116 9,116 1,116 9,116 1,116 9,116 1,116 1,116 9,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 1,116 <	9			379 187	29,300	38 248
11 Fees for services (nonemployees): a Management .						
a Management. 0 0 b Legal. 9,116 9,116 c Accounting. 28,138 28,138 d Lobbying. 0 0 e Professional fundraising services. See Part IV, line 17. 0 0 f Investment management fees. 0 0 g Other. (If line 11g anount exceeds 10% of line 25, column 0 0 (A) amount, list line 11g expenses on Schedule 0.) 194,002 103,332 51,832 38,838 12 Advertising and promotion 0 0 0 0 13 Office expenses 304,324 210,829 47,230 46,265 14 Information technology 78,533 65,959 6,326 6,248 0 0 14,330 9,636 2,233 2,461 16 Occupancy 20,719 249,389 19,353 21,977 17 Travel 21,2620 12,588 32 20 Interest 33,772 24,0481 9,445 2,646 19						00,000
b Legal. 9,116 c Accounting. 28,138 d Lobbying. 28,138 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees. 0 g Ofter. (f line 11g amount exceeds 10% of line 25, column (A) amount, listine 11g expenses on Schedule 0.) 194,002 103,332 51,832 38,838 12 Advertising and promotion. 0 0 0 0 13 Office expenses. 304,324 210,829 47,230 46,265 14 Information technology. 78,533 65,959 6,326 6,248 16 Occupancy. 290,719 249,389 19,353 21,977 17 Travel. 0 0 0 0 18 Payments of travel or entertainment expenses 0 0 0 0 19 Conferences, conventions, and meetings. 12,620 12,588 32 32,713 21 Instrace. . . . 73,682 63,381 6,588 3,713 22			0			
c Accounting. 28,138 28,138 d Lobbying. 0 0 e Professional fundrising services. See Part IV, line 17. 0 0 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 0 0 13 Office expenses. 0 0 0 14 Office expenses. 0 0 0 15 Royatties. 0 0 0 16 Occupancy. 290,719 249,389 19,353 21,977 16 Occupancy. 290,719 249,389 19,353 21,977 17 Travel. 0 0 0 0 18 Payments of travel or entertainment expenses 0 0 0 0 19 Conferences, conventions, and meetings. 12,620 12,588 32 2 20 Interest. <th>b</th> <th>-</th> <th>9,116</th> <th></th> <th>9,116</th> <th></th>	b	-	9,116		9,116	
e Professional fundraising services. See Part IV, line 17. 0 0 f Investment management fees. 0 0 g Other. (filme 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 0 0 12 Advertising and promotion 0 0 0 20 Office expenses 0 0 0 30 Office expenses 0 0 0 14 Information technology 0 0 0 15 Royalties 0 0 0 0 16 Occupancy 249,339 19,353 21,977 17 Travel 14,330 9,636 2,233 2,461 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 12,620 12,588 32 20 Interest 0 0 0 0 22 Depreciation, depletion, and amortization 73,682 63,381 6,588 3,713 23	С	-	28,138		28,138	
f Investment management fees 0 0 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 194,002 103,332 51,832 38,838 12 Advertising and promotion 0 0 0 0 13 Office expenses 304,324 210,829 47,230 46,265 14 Information technology 78,533 65,959 6,326 6,248 7 Travel 0 0 0 0 16 Occupancy 290,719 249,389 19,353 21,977 17 Travel 14,330 9,636 2,233 2,461 19 Conferences, conventions, and meetings 0 0 0 0 19 Conferences, conventions, and meetings 12,620 12,588 32 0 19 Conferences, conventions, and meetings 0 33,772 24,885 6,530 2,357 20 Interest 73,682 63,381 6,588 3,713 31 Insurace	d	Lobbying	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 194,002 103,332 51,832 38,838 12 Advertising and promotion 0 0 0 30 Office expenses 304,324 210,829 47,230 46,265 14 Information technology 78,533 65,959 6,326 6,248 15 Royatties 0 0 0 0 16 Occupancy 290,719 249,389 19,353 21,977 17 Travel 14,330 9,636 2,233 2,461 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 0 0 19 Conferences, conventions, and meetings 12,620 12,588 32 20 Interest 0 33,772 24,885 6,530 2,357 21 Depreciation, depletion, and amortization 73,682 63,381 6,588 3,713 23 Insurance 33,772 24,885 6,530 2,357 24 Other expenses <t< th=""><th>е</th><th>Professional fundraising services. See Part IV, line 17</th><th>0</th><th></th><th></th><th></th></t<>	е	Professional fundraising services. See Part IV, line 17	0			
(A) amount, list line 11g expenses on Schedule 0.). 194,002 103,332 51,832 38,838 12 Advertising and promotion 0	f		0			
12 Advertising and promotion 0	g					
13 Office expenses 304,324 210,829 47,230 46,265 14 Information technology 78,533 65,959 6,326 6,248 15 Royalties 0				103,332	51,832	38,838
14 Information technology 78,533 65,959 6,326 6,248 15 Royatiles 0			, v			
15 Royalties 0 0 16 Occupancy 290,719 249,389 19,353 21,977 17 Travel 14,330 9,636 2,233 2,461 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 12,620 12,588 32 20 Interest 52,572 40,481 9,445 2,646 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 73,682 63,381 6,588 3,713 23 Insurance 33,772 24,885 6,530 2,357 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule O.) 3807,022 -193 104 4 Donated Goods 41,258 41,258 45 45 5 Miscellaneous 45 45 45 45 6 All other expenses. Add lines 1 through 24e 7,927,785 6,439,549 842,650 645,586 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
16 Occupancy 290,719 249,389 19,353 21,977 17 Travel 14,330 9,636 2,233 2,461 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 14,330 9,636 2,233 2,461 19 Conferences, conventions, and meetings 12,620 12,588 32 20 Interest 0				65,959	6,326	6,248
17 Travel			· · · · ·	240.290	10.252	21 077
18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 19 Conferences, conventions, and meetings. 12,620 12,588 32 20 Interest. 52,572 40,481 9,445 2,646 21 Payments to affiliates. 0						
for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 12,620 12,588 32 20 Interest 52,572 40,481 9,445 2,646 21 Payments to affiliates 0			14,330	9,030	2,200	2,401
19 Conferences, conventions, and meetings 12,620 12,588 32 20 Interest	10		0			
20 Interest. 52,572 40,481 9,445 2,646 21 Payments to affiliates. 0 0 0 22 Depreciation, depletion, and amortization. 73,682 63,381 6,588 3,713 23 Insurance. 33,772 24,885 6,530 2,357 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 806,933 807,022 -193 104 4 Donated Goods 41,258 41,258 45 6 691,884 691,884 6 645,586 25 Total functional expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586 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 1 1 1 445,586 645,586 27 Total functional expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586	19			12.588		32
21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization 73,682 63,381 6,588 3,713 23 Insurance 33,772 24,885 6,530 2,357 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 806,933 807,022 -193 104 9 Donated Goods 41,258 41,258 0 104 c Subcontractors 691,884 691,884 0 0 104 e All other expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if if 1 <th></th> <th></th> <th></th> <th></th> <th>9.445</th> <th></th>					9.445	
22 Depreciation, depletion, and amortization 73,682 63,381 6,588 3,713 23 Insurance 33,772 24,885 6,530 2,357 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Program Expenses 806,933 807,022 -193 104 b Donated Goods 41,258 41,258 125 104 c Subcontractors 691,884 691,884 691,884 691,884 691,884 691,884 691,884 691,884 691,884 691,884 691,884 645,586<		Payments to affiliates			-,	_, •
23 Insurance 33,772 24,885 6,530 2,357 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Program Expenses 806,933 807,022 -193 104 b Donated Goods 41,258 41,258 41,258 41,258 c Subcontractors 691,884 691,884 d Miscellaneous 45 45 691,884 691,884 645,586 645,586 645,586 645,586 645,586 </th <th></th> <th></th> <th>73,682</th> <th>63,381</th> <th>6,588</th> <th>3,713</th>			73,682	63,381	6,588	3,713
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 806,933 807,022 -193 104 a Program Expenses 806,933 807,022 -193 104 b Donated Goods 41,258 41,258 104 c Subcontractors 691,884 691,884 104 d Miscellaneous 45 45 104 e All other expenses 0 104 25 Total functional expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if 1 1	23	Insurance	33,772	24,885	6,530	2,357
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 806,933 807,022 -193 104 a Program Expenses 806,933 807,022 -193 104 b Donated Goods 41,258 41,258 104 c Subcontractors 691,884 691,884 104 d Miscellaneous 45 45 45 e All other expenses 0 104 25 Total functional expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If If If	24					
(A) amount, list line 24e expenses on Schedule O.) 806,933 807,022 -193 104 a Program Expenses 806,933 807,022 -193 104 b Donated Goods 41,258 41,258 104 c Subcontractors 691,884 691,884 104 d Miscellaneous 45 45 45 e All other expenses. 0 104 104 25 Total functional expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if 1 1						
a Program Expenses 806,933 807,022 -193 104 b Donated Goods 41,258 41,258 104 c Subcontractors 691,884 691,884 691,884 104 d Miscellaneous 45 45 45 e All other expenses 0 104 25 Total functional expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if if						
b Donated Goods 41,258 41,258 c Subcontractors 691,884 691,884 d Miscellaneous 45 45 e All other expenses 0 645,586 25 Total functional expenses. Add lines 1 through 24e . 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if 1						
c Subcontractors 691,884 691,884 d Miscellaneous 45 45 e All other expenses 0 0 25 Total functional expenses. Add lines 1 through 24e 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if if					-193	104
d Miscellaneous 45 45 e All other expenses 0 0 25 Total functional expenses. Add lines 1 through 24e 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if 1						
e All other expenses 0 0 25 Total functional expenses. Add lines 1 through 24e 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if 0 0				691,884	٨٢	
25 Total functional expenses. Add lines 1 through 24e 7,927,785 6,439,549 842,650 645,586 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if if 645,586					45	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if		• • • • • • • • • • • • • • • • • • • •	· · · · ·	6 / 30 5/0	842 650	615 586
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if if			1,321,100	0,409,049	042,000	040,000
from a combined educational campaign and fundraising solicitation. Check here if if						
fundraising solicitation. Check here 🕨 🔲 if		•				
		following SOP 98-2 (ASC 958-720)				

	990 (20	,					94-2297147 Page 11
Pa	rt X	Balance Sheet Check if Schedule O contains a response of	r note to a	ny line in this Part X .			🗖
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			454,340	1	201,08
	2	Savings and temporary cash investments			773,310	2	3,186,394
	3	Pledges and grants receivable, net			233,333	3	60,000
	4	Accounts receivable, net			1,932,183	4	1,139,54
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial cor	ntributor, or 35%			
		controlled entity or family member of any of the			0	5	
	6	Loans and other receivables from other disqualit	-				
		under section 4958(f)(1)), and persons describe	•	· ·	0	6	
ŝ	7	Notes and loans receivable, net			0	7	
ASSELS	8	Inventories for sale or use			79,603	8	55,802
Ĉ	9	Prepaid expenses and deferred charges			254,977	9	219,37
	10a	Land, buildings, and equipment: cost or					,
		other basis. Complete Part VI of Schedule D	10a	2,485,680			
	b	Less: accumulated depreciation	10b	853,829	1,682,026	10c	1,631,85
	11	Investments—publicly traded securities			0	11	
	12	Investments-other securities. See Part IV, line			0	12	
	13	Investments—program-related. See Part IV, lin			0	13	
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11			15,482	15	18,78
	16	Total assets. Add lines 1 through 15 (must equ			5,425,254	16	6,512,83
	17	Accounts payable and accrued expenses			655,098	17	766,80
	18	Grants payable			0	18	
	19	Deferred revenue		[60,000	19	127,87
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D	0	21	
es	22	Loans and other payables to any current or for	mer officer	, director,			
		trustee, key employee, creator or founder, sub	stantial cor	ntributor, or 35%			
LIADIIITIES		controlled entity or family member of any of the	se person	s	0	22	
ב	23	Secured mortgages and notes payable to unrel	lated third	parties	1,011,725	23	983,705
	24	Unsecured notes and loans payable to unrelate	ed third pa	rties	711,377	24	711,37
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		Part X of Schedule D			0	25	(
	26	Total liabilities. Add lines 17 through 25		. <u></u>	2,438,200	26	2,589,75
es		Organizations that follow FASB ASC 958, ch	eck here	► X			
		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			2,224,748	27	2,739,89
ונ	28	Net assets with donor restrictions			762,306	28	1,183,170
n		Organizations that do not follow FASB ASC	958, chec	k here 🕨 🔄			
		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current funds			0	29	
20	30	Paid-in or capital surplus, or land, building, or e			0	30	
2	31	Retained earnings, endowment, accumulated in			0		
Net Assets of Fund Balances	32	Total net assets or fund balances			2,987,054		3,923,073
<	33	Total liabilities and net assets/fund balances .			5,425,254	33	6,512,832

Form	990 (2020) SHANTI PROJECT	94-229	7147	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,863	3,804
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,927	7,785
3	Revenue less expenses. Subtract line 2 from line 1.	3		936	6,019
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,987	7,054
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10		3,923	3,073
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		3b	X	
			Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

2020 Open to Public

OMB No. 1545-0047

		evenue Service	► Got	to www.irs.gov/Forn	1990 for instructions ar	nd the late	st informa	tion.	Inspection
		he organization						Employer identification	
		PROJECT			· · · ·		L		97147
Par					rganizations must co for lines 1 through 12, o				
1	Jiga		•		of infest fullough 12, of f churches described i	-		,	
2	F				ach Schedule E (Form			(~)(')	
3	F	i			zation described in sec			i)	
4			-		nction with a hospital of	-		-	nter the
-		4	e, city, and state	• •		lescribed	in section	170(b)(1)(A)(iii). ⊡	
5		An organizatior		e benefit of a collec	je or university owned	or operate	ed by a go	vernmental unit des	cribed in
6		A federal, state	, or local govern	ment or governmer	ntal unit described in se	ection 170)(b)(1)(A)(v).	
7	Х			eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	om a gove	rnmental เ	unit or from the gene	eral public
8		A community tr	ust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9					section 170(b)(1)(A)(ix ure (see instructions).				
10		receipts from a support from gr	ctivities related t ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ed business taxable in See section 509(a)(2) .	exception come (les	is, and (2) s section {	no more than 33 1/5511 tax) from busine	3% of its
11		An organizatior	n organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).	
12		of one or more	publicly support	ed organizations de	ly for the benefit of, to escribed in section 50 9 bes the type of suppor	9(a)(1) or s	section 5	09(a)(2). See sectio	n 509(a)(3).
а		the supporte	ed organization(pervised, or controlled l Ilarly appoint or elect a tions A and B.				
b		control or m	anagement of th		r controlled in connecti ization vested in the sa ections A and C.				
С		Type III fun	ctionally integra	ated. A supporting of	organization operated i You must complete F				grated with,
d		Type III non that is not fu	n-functionally in Inctionally integr	tegrated. A suppor ated. The organizat	ting organization operation generally must sat	ated in cor isfy a distr	nnection w	vith its supported org	
_	l				plete Part IV, Sections				
е	ļ				itten determination from ally integrated supportin			турет, турет, тур	be m
f		-	er of supported						0
g				n about the support		1			
	(i)	Name of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota								0	0

Pa	rt II Support Schedule for Orga (Complete only if you checked Part III. If the organization fa	ed the box on lir	ne 5, 7, or 8 of I	Part I or if the o	rganization fail	ed to qualify un	der
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	4,429,141	4,830,402	6,183,871	5,982,230	7,561,866	28,987,510
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 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)	4,429,141	4,830,402	6,183,871	5,982,230	7,561,866	28,987,510
~							1,357,900
6 500	Public support. Subtract line 5 from line 4 ction B. Total Support						27,629,610
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,429,141	4,830,402	6,183,871	5,982,230	7,561,866	28,987,510
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						20,001,010
9	similar sources	1,800	283	323	3,284	791	<u>6,481</u> 0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	421,383	423,491	419,806	468,116	128,188	1,860,984
11	Total support. Add lines 7 through 10						30,854,975
13	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the organ organization, check this box and stop here .	nization's first, seco	ond, third, fourth, or	fifth tax year as a	section 501(c)(3)		2,611,152
Sec	ction C. Computation of Public Sup				i		
14 15	Public support percentage for 2020 (line 6, c Public support percentage from 2019 Schedu	ule A, Part II, line 14	4		[14 15	89.55% 88.20%
	33 1/3% support test—2020. If the organization qualifies as	a publicly supporte	ed organization				. X
b	33 1/3% support test—2019. If the organization qualified box and stop here. The organization qualified						►
	10%-facts-and-circumstances test—2020 10% or more, and if the organization meets the Part VI how the organization meets the facts organization	he facts-and-circum and-circumstances . If the organization eets the facts-and-c ts-and-circumstance	stances test, chec test. The organiza did not check a bo ircumstances test, ses test. The organ	k this box and stop tion qualifies as a p ox on line 13, 16a, check this box and ization qualifies as	b here . Explain in publicly supported 16b, or 17a, and lin d stop here . Expla a publicly supported	ne in ed	▶□
18	Private foundation. If the organization did r					<u>.</u>	 ▶□

Schedule A (Form 990 or 990-EZ) 2020

SHANTI PROJECT

Schedule A (Form 990 or 990-EZ) 2020

94-2297147

Page **2**

Part III

94-2297147 • Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						_
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						0
•	organization without charge		0	0	0	0	0
6 7-	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0
h	Amounts included on lines 2 and 3						0
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	, , , , , , , , , , , , , , , , , , ,					<u></u>
•	line 6.).						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,			•			•
	and 12.).	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here			-			
800	ction C. Computation of Public Su						
15	Public support percentage for 2020 (line 8, c		-	(f))		15	0.00%
16	Public support percentage for 2020 (intel8, c					16	0.00%
	tion D. Computation of Investmer						0.0070
17	Investment income percentage for 2020 (line			olumn (f)) .		17	0.00%
18	Investment income percentage from 2019 So		-			18	0.00%
	33 1/3% support tests—2020. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s	stop here. The orga	nization qualifies	as a publicly suppo	orted organization .		Þ 🗌
b	33 1/3% support tests—2019. If the organi						
	line 18 is not more than 33 1/3%, check this	-	-				Þ 📙
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a, or 19	b. check this box a	ind see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Vee	NL
	Yes	NO
1		
2		
3a		
3b		
3c		
4a		
-		
4b		
1.0		
4c		
40		
-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
00		
10-		
10a		
4.01		
10b		

Schedu	Ile A (Form 990 or 990-EZ) 2020 SHANTI PROJECT	94-2297147	F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	Ł		
	11c below, the governing body of a supported organization?	11a	ı 📃	
b	A family member of a person described in line 11a above?	11b	,	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	ovide		
	detail in Part VI.	110	;	
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amore than one support of the organization.	cers,		

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part** *VI* how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the support of the suppor

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If* "*No*," *describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

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

a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

1

2

1

3

Yes No

Schedule A (Form 990 or 990-EZ) 2020

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization of the set of the se			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	(
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	(
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
 Aggregate fair market value of all non-exempt-use assets (see 			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		(
2 Enter 0.85 of line 1.	2		(
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule	A (Form 990 or 990-EZ) 2020 SHANTI PROJECT Type III Non-Functionally Integrated 509(a)(3) Supporting Organi		4-2297147 Page 7					
	on D - Distributions) Supporting Organi		Current Year					
1	Amounto poid to supported organizations to accomplish ave	mataura							
<u> </u>	Amounts paid to supported organizations to accomplish exer								
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpos	os of supported organiza	tions						
4		es of supported organiza	10115						
	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V	1						
6	Other distributions (<i>describe in Part VI</i>). See instructions.		/						
7				0					
8	Distributions to attentive supported organizations to which the	ne organization is respor	neivo	0					
0	(provide details in Part VI). See instructions.	ie organization is respo	13170						
9	Distributable amount for 2020 from Section C, line 6			0					
10	Line 8 amount divided by line 9 amount			0.000					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6			0					
2	Underdistributions, if any, for years prior to 2020								
	(reasonable cause required— <i>explain in Part VI</i>). See								
	instructions.								
3	Excess distributions carryover, if any, to 2020								
а	From 2015 0								
b	From 2016 0								
C	From 2017 0								
d	From 2018 0								
e	From 2019 0								
f	Total of lines 3a through 3e	0							
g	Applied to underdistributions of prior years		0						
h	Applied to 2020 distributable amount			0					
i	Carryover from 2015 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0							
4	Distributions for 2020 from								
	Section D, line 7: \$ 0								
a	Applied to underdistributions of prior years		0						
b	Applied to 2020 distributable amount			0					
С		0							
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.		0						
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain								
	in Part VI. See instructions.			0					
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.	0							
8	Breakdown of line 7:								
а	Excess from 2016 0								
b	Excess from 2017 0								
С	Excess from 2018 0								
d	Excess from 2019 0								
е	Excess from 2020 0								

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	orm 990 or 990-EZ) 2020	SHANTI PROJECT	94-2297147	Page 8
Part VI	III, line 12; Part IV, S	nation. Provide the explanations required by Part II, line 10; Part II, line 1 ection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Pa IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E,	art IV, Section	
		ne 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and P o complete this part for any additional information. (See instructions.)	art V, Section E,	
Part II Sect	on B Line 10 SPECIAL	EVENT REVENUE NET OF DIRECT EXPENSES, RENT INCOME, AND)	
OTHER INC	COME.			

Schedu	le B
(Form 990, 9	990-EZ,

Internal Revenue Service

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

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
SHANTI PROJECT	94-2297147
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

Employer identification number
94-2297147

Name of organization SHANTI PROJECT

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

 (a) No.
 (c)

 (b)
 FMU (constructions). (d)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of org SHANTI PF				Employer identification number 94-2297147
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the ye the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional a	ar from any one contributor. Co ompleting Part III, enter the total of (Enter this information once. See	mplete col f <i>exclusivel</i>	umns (a) through (e) and ly religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift IP + 4 Relati	onship of	transferor to transferee
(a) No.	For. Prov. Country	·····		
from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift IP + 4 Relati	onship of	transferor to transferee
	For. Prov. Country	 		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	((d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and Z	IP + 4 Relati	onship of	transferor to transferee
	For. Prov. Country	 		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	((d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and Z	IP + 4 Relati	onship of	transferor to transferee
	 For. Prov. Country			

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. OMB No. 1545-0047

-		
Op	en to	Public
116	pecti	on

Interna	I Revenue Service	Go to www.irs.gov	//Form990 for instructions an	d the latest informa	tion. Inspection
Name	of the organization			Empl	loyer identification number
SHAN	NTI PROJECT				94-2297147
Part			Advised Funds or Othe ed "Yes" on Form 990, Pa		or Accounts.
	•		(a) Donor advised fur		(b) Funds and other accounts
1	Total number at end o	fyear			
2	Aggregate value of contrib	-			
3	Aggregate value of grants				
4	Aggregate value at en	d of year			
5	Did the organization in	form all donors and don	or advisors in writing that the	e assets held in don	or advised
	funds are the organization	tion's property, subject f	to the organization's exclusiv	e legal control?	Yes No
6			s, and donor advisors in writ		
			nefit of the donor or donor ad		
					Yes No
Part					
			ed "Yes" on Form 990, Pa		
1			/ the organization (check all t		
	Preservation of land	d for public use (for examp	ble, recreation or education)	Preservation of a	a historically important land area
	Protection of natu	ral habitat		Preservation of a	a certified historic structure
	Preservation of op				
2	•		on held a qualified conservat	ion contribution in th	
	easement on the last of	• •			Held at the End of the Tax Year
a			· · · · · · · · · · · · · ·		2a
b	-	-	ments		2b
C d			ied historic structure include	. ,	2c
d			n (c) acquired after 7/25/06, a		2d
3					ed by the organization during
	the tax year 🕨			,	
4		re property subject to co	nservation easement is locat	ted 🕨	
5	Does the organization	have a written policy re-	garding the periodic monitori	ng, inspection, hand	lling of
	violations, and enforce	ment of the conservatio	n easements it holds?		Yes No
6	Staff and volunteer hours	s devoted to monitoring, in	specting, handling of violations,	, and enforcing conse	rvation easements during the year
_	•				
7	Amount of expenses inc	urred in monitoring, inspec	ting, handling of violations, and	enforcing conservation	on easements during the year
•	► \$		a line O(d) above estistivities	aquiramente of aco	tion 170/h)(1)/D(i)
8			n line 2(d) above satisfy the r		
9			orts conservation easements		
5					statements that describes the
		ing for conservation eas			
Part			ions of Art, Historical T	reasures. or Oth	er Similar Assets.
			ed "Yes" on Form 990, Pa		
1a	If the organization elec	ted, as permitted under	FASB ASC 958, not to report	rt in its revenue stat	ement and balance sheet
	works of art, historical	treasures, or other simil	ar assets held for public exhi	ibition, education, or	r research in furtherance of
	public service, provide	in Part XIII the text of th	ne footnote to its financial sta	tements that descril	bes these items.
b			FASB ASC 958, to report in		
			ar assets held for public exhi	ibition, education, o	r research in furtherance of
	public service, provide	the following amounts r	elating to these items:		
	(i) Revenue included	on Form 990, Part VIII, I	ine 1		► \$
-					
2	•		t, historical treasures, or othe		Tinancial gain, provide the
-		-	er FASB ASC 958 relating to		► ¢
a b			1		
U					ΨΨ

Part III Organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued). I Using the comparization accession, and other records, check any of the following that make significant use of its collection tams (check all that apply): □ Public exhibition □ Broutic exhibition □ Broutic extendition of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rater than to be maintained as part of the organization's collection? □ Provise extendition of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rater than to be maintained as part of the organization's collection? □ Vers [] the organization and explain how they further the organization's collection? □ Vers [] No Part VI Escore and Custochical Arrangements. Complete if the organization and explain how they further the organization and pent, trastee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X III. Is the organization include an amount on Form 990, Part IV, line 9. If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. Distributions. If the organization include an amount on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10.	Sched	ule D (Form 990) 2020 SHANTI PROJECT						94-229	7147	F	Page 2
collection terms (check all that apply): d Loan or exchange program b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. c During the year. did the organization societ or recolve 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 Escrew and Custodial Arrangements. Complete if the organization answired Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, If Yes, "explain the arrangement in Part XIII and complete the following table: Yes No l If Yes, "explain the arrangement in Part XIII and complete the following table: If Yes, "explain the arrangement in Part XIII and complete the following table: If Yes, "explain the arrangement in Part XIII and complete the following table: If Yes (Yes) No 2a Did the organization answered 'Yes' on Form 990, Part X, line 21, for secret or custodial account liability? Yes (No No 2a Did the organization answered 'Yes' on Form 990, Part X, line 10. If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. If Yes (Yes) No a Reginning of year balance. 25.069 25.059 25.059<	Part	III Organizations Maintaining Colle	ctions of Ar	t, Histor	ical Trea	asures, or (Other	Similar Asset	t s (contil	nued)	
a	3	Using the organization's acquisition, accessi	on, and other	records, c	check any	of the following	ng that	make significan	t use of it	s	
b Scholarly research e Other c Preservation for Nuture generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization scillection collections 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 W Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, in explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, lor escrow or custodial account liability? Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. (0) Four years back (0) Four		collection items (check all that apply):			-		-	-			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d	Loan or	exchange pro	ogram				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e 🗌	Other						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization's collection?	с	Preservation for future generations									
assets to be sold to raise funds rather than to be maintained as part of the organization? Ives No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization answered "Yes" on Form 990, Part X, line 10. Ite 10. C Beginning balance. Ite 10. Additions during the year. Ite 11. 0. 10 Distributions during the year. Ite 11. 11 Endong balance. Ite 11. 0. 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No Part V Endonment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ite inverse back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back. (d) Four years back.	4	Provide a description of the organization's co	ollections and	explain ho	ow they fu	irther the orga	anizatio	on's exempt purp	ose in Pa	ırt	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete if the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21, for escrow or custodial account liability? Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Did the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2a Did the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. 25,097 25,089 25,074 25,059 1a Grants or scholarships Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization scholar ships Image: Complete if the organization sch	5								Ye	es 🗌	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7. No bit Press, explain the arrangement in Part XIII and complete the following table: Amount c 0 d Additions during the year. 1c e 0 1a 1a c 0 1bithotions during the year. 1e 1c 0 1d 1ft resplan the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1a Beginning of year balance 25,097 1a Beginning of year balance. 25,097 1a Grants or scholarships. 1a 1a Grants or s	Part	Complete if the organization answe		n Form 9	90, Part	IV, line 9, o	r repo	orted an amour	nt on Foi	m	
Included on Form 990, Part X?	1a		ian or other int	ermediar	v for contr	ibutions or ot	her as	sets not			
c Beginning balance Image: Constraint of the set of		included on Form 990, Part X?							Ye	es 🗌	No
c Beginning balance Ic 0 d Additions during the year Id 0 Distributions during the year If 0 f Ending balance If 0 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No bit T*ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check the explanation has been provided on Part XIII. Image: Check the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Check the explemation has been provided on Part XIII. Image: Check the provide here years back. 1a Beginning of year balance Image: Check the explanation has been provided on Part XIII. Image: Check the provide here years back. Image: Check the provide here provide here stimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment the stimated percentage on lines 2a, 2b, and 2c should equal 100%. Image: Check there and provide here provide here organization s. Ima	D		and complete		ang table				Amount		
d Additions during the year. 1d	с	Beginning balance					10				0
e Distributions during the year. 10 11 0 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Other was back. (e) Four years back. (f											
f Ending balance								-			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X X X PartV Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back <td< th=""><th>f</th><th></th><th></th><th></th><th></th><th></th><th>1</th><th>f</th><th></th><th></th><th>0</th></td<>	f						1	f			0
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	22							unt liability?		e X	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 25,097 25,089 25,074 25,056 b Contributions 25,097 25,089 25,074 25,056 c Net investment earnings, gains, and losses 8 15 15 3 d Grants or scholarships 8 15 15 3 d Grants or scholarships 25,105 25,0071 25,089 25,074 25,059 g End of year balance 25,105 25,0071 25,089 25,074 25,059 g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Premanent endowment ▶ % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment \$\frangle \franglimit and \$\franglimima \franglimit and \$\franglim		-						-			
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 25,097 25,089 25,074 25,059 25,056 c Net investment earnings, gains, and losses 8 8 15 15 3 d Grants or scholarships 8 8 15 15 3 e Other expenditures for facilities and programs 25,105 25,097 25,089 25,074 25,059 g End of year balance 25,105 25,097 25,089 25,074 25,059 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % % % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization s. 3a(i)		· · · · · ·	. Check here h	r the expla	anation na	as been provid	aea on		• • • •		·
Image:	Part										
1a Beginning of year balance 25,097 25,089 25,074 25,059 25,059 b Contributions											
b Contributions 0 0 c Net investment earnings, gains, and losses 8 8 15 15 3 and losses 3 15 15 3 3 d Grants or scholarships 0 0 0 0 0 e Other expenditures for facilities and programs 25,105 25,097 25,089 25,074 25,059 g End of year balance 25,105 25,097 25,089 25,074 25,059 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a b Badra designated or quasi-endowment % b Permanent endowment % % Term endowment % K Yes No 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations s. 3a(i) X 3a(i) X (i) Unrelated organizations . . . 3a(i) X idi(ii) Rat the related organizations listed as required on Schedule R? . 3b			-	(b) Pric	-			., ,			
c Net investment earnings, gains, and losses 8 8 15 15 3 d Grants or scholarships -	1a		25,097		25,089	2	5,074	25,08	59	2	5,056
and losses 8 8 15 15 3 d Grants or scholarships	b										
d Grants or scholarships	С										
e Other expenditures for facilities and programs			8		8		15		15		3
and programs	d										
f Administrative expenses	е										
g End of year balance 25,005 25,007 25,009 25,074 25,059 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % % % % c Term endowment % % % % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations % 3a(i) X 3a(ii) R X 3a(ii) X 3a(ii) R X 3a(ii) X 3a(ii) R X 3a(ii) X 3a(iii) R X 3a(ii) X 3a(iii) R X 3a(ii) X 3b I Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Image: Schedule R? 4 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations by: Yes No (i) Unrelated organizations	f										
a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) Unrelated organizations 3a(i) X 3a(ii) R X	•	· · · · · · · · · · · · · · · · · · ·						25,07	74	2	5,059
b Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are 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 . (ii) Related organizations . (iii) Related organizations . (i) Inrelated organizations . (i) Inrelated organizations . (ii) Related organizations . (i) Inrelated organizations . (ii) Related organizations . (i) Related organizations . (ii) Related organizations . (i) Inrelated organizations . (iii) Related organizations is listed as required on Schedule R? . (iii) Complete in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land . 0 10, 1543,247 (2		-		ine 1g, co	olumn (a)) held	d as:				
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are 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. (ii) Related organizations. (iii) Related organizations. (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (i) are the related organization's endowment funds. 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 900, Part IV, line 11a. See Form 900, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (cherry) (b) Cost or other basis (other) (cherry) <l< th=""><th>_</th><th>• · · ·</th><th></th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></l<>	_	• · · ·		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are 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 (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Book value (iii) Cost or other basis (other) (iii) Book value (iii) Cost or other basis (other) (col) Accumulated depreciation (d) Book value (iii) Book value			%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(i) X (ii) Related organizations 3a(i) X 3a(ii) X 3a(i) X 3a(i) X 3a(i) X 3a(ii) X 3a(i) X 3a(ii) X 3a(i) X 3a(ii) X 3a(ii) X 3a(iii) X 3b	С			•							
organization by: Yes No (i) Unrelated organizations. 3a(i) X (ii) Related organizations. 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b - 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b - Part VI Land, Buildings, and Equipment. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. 0 702,735 702,735 b Buildings. 0 0 0 0 1a Land. 0 0 0 0 0 0 c Leasehold improvements. 0 0 0 0 0 0 0 c Leasehold improvements. 0 0 0 0 0 0 0 0 0 c Land. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0<											
(i) Unrelated organizations. 3a(i) X (ii) Related organizations. 3a(ii) X (iii) Related organizations. 3b 3c b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3c Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. 0 702,735 702,735 b Buildings. 0 0 0 c Leasehold improvements. 0 1,543,247 653,192 890,055 c Leasehold improvements. 0 0 0 0 0 d Equipment. 0 0 0 0 0 0 e Other 0 50,953 18,921 32,032	3a		ession of the or	ganizatio	n that are	neid and adn	ninistei	red for the		V.	N
(ii) Related organizations		5							2=(1)	Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land 0 702,735 702,735 b Buildings 0 1,543,247 653,192 890,055 c Leasehold improvements 0 0 0 0 d Equipment 0 188,745 181,716 7,029 e Other 0 50,953 18,921 32,032		0									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land. 0 702,735 702,735 b Buildings. 0 1,543,247 653,192 890,055 c Leasehold improvements. 0 0 0 0 d Equipment. 0 188,745 181,716 7,029 e Other. 0 50,953 18,921 32,032	b										<u> </u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land				•			• • •		30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 1a Land	-			s enuown		b .					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land 0 702,735 702,735 b Buildings 0 1,543,247 653,192 890,055 c Leasehold improvements 0 0 0 0 0 d Equipment 0 188,745 181,716 7,029 7,029 e Other 0 50,953 18,921 32,032	Part			- Eorm (00 Dort	IV/ line 11a	Soo	Form 000 Pa	t V lino	10	
(investment) (other) depreciation 1a Land 0 702,735 b Buildings 0 1,543,247 653,192 890,055 c Leasehold improvements 0 0 0 0 0 d Equipment 0 188,745 181,716 7,029 e Other 0 50,953 18,921 32,032		• – –									
1a Land 0 702,735 702,735 b Buildings 0 1,543,247 653,192 890,055 c Leasehold improvements 0 0 0 0 d Equipment 0 188,745 181,716 7,029 e Other 0 50,953 18,921 32,032		Description ог ргорегту			.,		• • •		(a) Be	JOK VAIU	3
b Buildings 0 1,543,247 653,192 890,055 c Leasehold improvements 0 <t< th=""><th>12</th><th>Land</th><th>(</th><th>,</th><th>(*</th><th>,</th><th></th><th></th><th></th><th>70</th><th>2 735</th></t<>	12	Land	(,	(*	,				70	2 735
c Leasehold improvements 0			<u> </u>	-				653 102			
d Equipment 0 188,745 181,716 7,029 e Other 0 50,953 18,921 32,032		0	<u> </u>	-		, ,				09	
e Other	-	-	<u> </u>	-		-					
			<u> </u>	-							· · ·
			aual Form 990	•	column (F						

Part VII	Investments—Other Securities.			
	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
. ,	Il derivatives	0		
	held equity interests	0		
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨	0		
Part VIII	Investments—Program Related.			
	Complete if the organization answered	'Yes" on Form 990,	Part IV, line 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(4)				
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) . ►	0		
Part IX	Other Assets. Complete if the organization answered '	'Vos" on Form 000	Part IV/ line 11d See Form	000 Part V line 15
	(a) Descri		Fait IV, line Thu. See Folling	(b) Book value
(1)	(d) 2000	pion		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Coll	ımn (b) must equal Form 990, Part X, col. (B) lı	(no. 15.)		0
Part X	Other Liabilities.		· · · · · · · · · · · · · · · · · · ·	0
I UIT X	Complete if the organization answered '	'Yes" on Form 990	Part IV line 11e or 11f See	Form 990 Part X
	line 25.			
1.		ion of liability		(b) Book value
(1) Federa	l income taxes			0
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				<u> </u>
	ımn (b) must equal Form 990, Part X, col. (B) li	ne 25.)		0

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

Schedu	ale D (Form 990) 2020 SHANTI PROJECT	94-2297147	Page 4
Par		eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,875,903
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	12,099
3	Subtract line 2e from line 1	3	8,863,804
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.)		•
_	Add lines 4a and 4b	4c 5	0
5 Dort	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	_	8,863,804
Fail	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1	7,939,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		7,939,004
∠ a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses 2c		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	12,099
3	Subtract line 2e from line 1	3	7,927,785
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
а			
a b	Other (Describe in Part XIII.)		
b	Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b	4c	0
b c 5	Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 4b	4c 5	0 7,927,785
b c 5 Part Provie	Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1000000000000000000000000000000000000	5 rt V, line 4; Par	
b c 5 Part Provie	Other (Describe in Part XIII.) 4b Add lines 4a and 4b	5 rt V, line 4; Par	
b c 5 Part Provie	Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 1000000000000000000000000000000000000	5 rt V, line 4; Par	

Page 5

Part XIII S	Supplemental	Information	(continued)
-------------	--------------	-------------	------------	---

SCHEDULE G Supplemental Information Regarding F			ng Fundra	aising or Gamin	g Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if th organization entered more than \$15,000 on Form 990-EZ, line 6a.					9, or if the	2020		
Department of the Treasury Attach to Form 990 or Form 990-EZ.							Open to Public	
	Revenue Service If the organization	► Go	o to www.irs.gov/Fo	rm990 for ins	tructions and	d the latest information.	Employer identificat	Inspection
								97147
Par		ing Activities.	Complete if the	organizat	ion answe	ered "Yes" on For	m 990, Part IV, li	ne 17.
		-EZ filers are no						
1		-	aised funds throu	-		ng activities. Check		
	a Mail solicitations e Solicitation of non-government grants							
b	Phone solicit	email solicitations				of government grant	5	
с С				g S	Secial Tund	raising events		
d 2a	Did the organiza		or oral agreeme	nt with any	individual	(including officers, o	lirectors trustees	
Za						rofessional fundraisi		Yes No
b	If "Yes," list the 1	10 highest paid ind	ividuals or entitie	s (fundrais	-	ant to agreements u	-	traiser is to
	be compensated	l at least \$5,000 by	the organizatior	1.				
							(v) Amount paid to	
	(i) Name and addres or entity (fund		(ii) Activity	custody o	draiser have r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or childy (runk			contrib	utions?	noin activity	col. (i)	organization
				Yes	No			
1						0	0	0
2						0	0	0
3						0	0	0
4						0	0	0
5						0	0	0
						0	0	0
6						0	0	0
7						0	0	0
8						0	0	0
9						0	0	0
10							0	
						0	0	0
Total		<u></u>	<u> </u>		🕨	0	0	0
3	List all states in v registration or lic		tion is registered	or licensed	d to solicit (contributions or has	been notified it is e	xempt from
		ensing.						
								
				_				

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		evente with gross recei	pis greater than \$5,000	0.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
en			(ovoin typo)	(over type)		
Revenue	1	1 Gross receipts	55,591		0	55,591
Re	2	2 Less: Contributions			0	0
		3 Gross income (line 1 minus line 2)	55,591		0	55,591
	4	4 Cash prizes			0	0
	ę	5 Noncash prizes			0	0
Direct Expenses	6	6 Rent/facility costs	11,900		0	11,900
st Exp	7	7 Food and beverages	2,691		0	2,691
Direc	8	8 Entertainment			0	0
	ç	9 Other direct expenses	7,865		0	7,865
	10 11	1 Net income summary. Subtrac	ct line 10 from line 3, colu	mn (d)		(<u>22,456)</u> 33,135
Pa	irt l	III Gaming. Complete if the	ne organization answer	red "Yes" on Form 99	0, Part IV, line 19, or re	eported more than
		than \$15,000 on Form	990-EZ, line 6a.			
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				0
ses	2	2 Cash prizes				0
Expen	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs				0
	5	5 Other direct expenses				0
	6		Yes%	Yes%	└── Yes% └── No	
	7	7 Direct expense summary. Add	d lines 2 through 5 in colu	mn (d)		(0)
	8	8 Net gaming income summary	. Subtract line 7 from line	1, column (d)		0
9		Enter the state(s) in which the or	ganization conducts gamin	ng activities:		
	а	Is the organization licensed to co If "No," explain:	onduct gaming activities in	each of these states? .		. Yes No
		Were any of the organization's ga If "Yes," explain:	aming licenses revoked, s	uspended, or terminated	I during the tax year?	. Yes No

Schedule G (Form 990 or 990-EZ) 2020

Sched	ule G (Form 990 or 990-EZ) 2020 SHANTI PROJECT	94-2297147 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes 🗌 No
13	Indicate the percentage of gaming activity conducted in:	
а		13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar records:	nd
	Name ►	
	Address ►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \triangleright \$ 0 and the amount of gaming revenue retained by the third party \triangleright \$ 0	
C	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
b	retain the state gaming license?	
a	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	C
Part		ns (iii) and (v); and
	See instructions.	

Schedule G (Form 990 or 990-EZ) 2020

(Form 990) For contan Officer, Directors, Trastes, Key Employees, and Highest Compense of Employees Compense of Employees Compense of the organization answeed "Yes" on Form 990, Part IV, Line 23. Partial Compensation Conserver and the statest information. SHATTER THE STATEST STATE	SCHEDULE J Compensation Information		nsation Information	OMB	No. 1545-(0047	
 Complete if the organization answerd "Ves" on Form 990, Part IV, line 23. PATLED to Form 990. Construction of the organization and the latest information. Construction of the organization of the organization provided any of the following to or for a person listed on Form 990. Part IVI, Section A, line 1a. Complete Part III to provide any relevant information registrating these items. Construction of the organization and the latest information registrating these items. Construction of the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information registrating these items. Construction of all of the expenses described above? If "No," complete Part III to provide any of the following to or for a personal residence personal residence for personal residence of personal residence in the personal services (such as maid, charling, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to provide any relevant information. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain in Part III to explain in Part III. Indicate which, if any, of the following the organization used to establish the compensation committee Indicate which, if any, of the following the organization used to establish the compensation committee Indicate which, if any person listed on Form 900, Part VII, Section A, line 1a, with respect to the filing organization or stated organizations. Indicate which, if any of these persons and provide the applicable amounts for each them in Part III. Outing the spayment from an equity-	(Forn	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2	020	1
Department reveal Department for a present term of the appropriate box(esg) of instructions and the latest information. Department for a present lead of the appropriate box(esg) if the organization provided any of the following to or for a person listed on Form 900, Part VII. Section A. Inte 1. Complete Part III to provide any of the following to or for a person listed on Form 900, Part VII. Section A. Inte 1. Complete Part III to provide any of the following the or residence for personal use Paryments Personal services (such as maid, chauffeur, chef) Ves No 1a Check the appropriate box(esg) if the organization provided any of the following to or for a person listed on Form 900, Part VII. Section A. Inte 1. Complete Part III to provide any of the following the or residence for personal use Paryments in the are checked, did the organization follow a written policy regarding payment or reinformation regarding the section of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization regure substantiation prior to reimbursing or allowing expenses incurred by all directors, insules, and officers, including the CEO/Executive Director, recearing the items checked on line 1a? 1b X 3 Indicate which, if any, of the following the organization used to establish the compensation committee organization committee Director. Check all that apply. Door check any boses for methods used by a related organization. Celloxies and provide the applicable montions and provide the applicable amounts of ceah item in Part III. 1b X 4 Diregistre personal section 7. 4a <t< td=""><td></td><td colspan="4"></td><td></td><td></td></t<>							
Neme of expension Employer identification number 94-2297147 Part I Questions Regarding Compensation 1 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 1 First-Liss or charter travel Participate as on their travel Personal services (such as maid, chauffeur, chaf) b if any of the boxes on line to are checked, did the organization follow a written policy regarding payment or reinticursement or provision of all of the expenses described above? If "No," complete Part III to explain.	Depart						
SHANTI PROJECT 94-2297147 Part Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 940, Part VII, Section A, Inte 1a. Complete Part II to provide any relevant information regarding these items.	-		Go to www.irs.gov/Form			spectio	on
2111 Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. No Importations or charter travel Payments for business use of personal residence of personal residence of residence of personal residence of residence of the personal travel of companions No Importation and gross-up payments Personal services (such as maid, chartfeur, cheft) It b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? IT No,* complete Part III to explain. It 2 Did the organization traculure substantiation prior to reimbursing or allowing expenses incurred by all directors, frustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? It 3 Indicate which, if any, of the following the organization used to establish the compensation or the organization to satisfish compensation or an elevel organization. Participate in or receive payment from a supplemental nonqualifier direment plan? It X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization. Section A, and Section A, line 1a, did the organization pay or accrue any compensation or areleted organization.		-					
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form No 1a S00, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison and the section of the social club dues or initiation fees Image: Comparison and the section of the social club dues or initiation fees Image: Comparison and the social club dues or initiation fees Image: Comparison and the section of the organization follow a writhen policy regarding payment or existence of the provide approach of the social club dues or initiation fees Image: Comparison and the section of the organization follow a writhen policy regarding payment or explain. Image: Comparison and the section of the organization follow a writhen policy regarding payment or explain and the section of the organization to establish or personal section committee Image: Comparison and the section of the organization to establish or personal section committee Image: Comparison and the section of the organization to establish or personal section or a related organization. Image: Comparison and the section of the organization or a related organization. Image: Comparison and the section of the organization to establish or personal section committee Image: Comparison and the section of the organization and powel the section and provel the section of the organization committee Image: Comparison and powel the section and the secontex any compensation andinget of the section and pro			s Regarding Compensation		34-2237147		
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			- · · · J · · · · · J · · · · · · · · ·			Yes	No
Image: Second	1a						
Image: Travel for companions Payments for business use of personal residence Image: Travel for company spending account Personal services (such as maid, chauffeur, cher) Image: Travel for company spending account Personal services (such as maid, chauffeur, cher) Image: Travel for company spending account Personal services (such as maid, chauffeur, cher) Image: Travel for company spending account Image: Travel for company spending account Image: Travel for company spending the times device of the company spending account or provision of all of the expenses described above? If "No," complete Part III to expenses incurred by all directors, including the CEO/Executive Director, regarding the times decked on line fa? Image: Travel for company spending the organization used to establish the compensation of the organization to SED/Executive Director, regarding the times decked on line fa? Image: Travel for company spending the organization in Part III. Image: Compensation committee Image: Travel for compensation commutate Image: Travel for company spending account the compensation committee Image: Travel for comparizations Approval by the board or compensation committee Image: Travel for compensation committee Image: Travel for comparizations Approval by the board or compensation committee Image: Travel for any of lines 4a-c, list the personal result of an accute any compensation committee Image: Travel for ange: Travel for ange: Travel for ange: Travel for any of lines 4a-c, list the persona lad							
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursmemt or provision of all of the expenses described above? If "No," complete Part II to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, the explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 40 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from a supplemental nonqualified refirment plan? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reverses and provide the applicable amounts for each item in Part III. 5a X 6 participation or. <		=					
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement to provision of all of the expenses described above? II "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation outper the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organization: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from an equity-based compensation and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: </td <td></td> <td></td> <td></td> <td></td> <td>nce</td> <td></td> <td></td>					nce		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain. 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, fustees, and officers, including the CEO/Executive Director, regarding the titems checked on line 1a? 1b X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, regarding the titems checked on line 1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the compensation committee 2 X Compensation committee Independent compensation consultant Compensation subtant Compensation subtant Compensation committee Approval by the board or compensation committee Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment for a supplemental nonqualified retirement plan? Participate in or receive payment nor thange-of-control payment? Participate in or receive payment nor thange documpensation arrangement? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the networes of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the org							
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tilems checked on line 1a? 1b X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the presentation of the CEO/Executive Director, but explain in Part III. 2 X 3 Indicate which, if any, of the following the organization to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 X 4 Compensation committee Written employment contract 11b X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person sand provide the applicable amounts for each item in Part III. 4a X 4 During the year, did any person sand provide the applicable amounts for each item in Part III. 4a X 4 During the year, did any person sand provide the applicable amounts for each item in Part III. 4a X 5 Participate in or receive payment from an equity-based compensization pay or accrue		Discretionary	spending account	Personal services (such as maid, chauffeur, cl	net)		
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tilems checked on line 1a? 1b X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 X 3 Indicate which, if any, of the following the organization to establish the compensation of the CEO/Executive Director, but explain in Part III. 2 X 4 Compensation committee Written employment contract 11b X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person sand provide the applicable amounts for each item in Part III. 4a X 4 During the year, did any person son and provide the applicable amounts for each item in Part III. 4a X 4 During the year, did any person son and provide the applicable amounts for each item in Part III. 4a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organizatio	b	If any of the boxe	s on line 1a are checked, did the orga	nization follow a written policy regarding payment			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?. 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 X 4 Compensation committee Written employment contract 4 4 X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4 4 X 4 During the year, did any person silsted on Form 990, Part VII, Section A, line 1a, did the organization part Part Bill. 4 X 4 X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 5 5 5 5 5 5 5 5 5 5 5 5							
directors, fustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		explain			1 b	X	
directors, fustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	•		· · · · · · · · · · · · · · · · · · ·				
1a? 2 X 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Committee Image: Compensation committee	2				٠ ـ ـ ـ		
organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			-			Х	
organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X Participate in or receive payment from an equip-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X f"Yes" on line 5a or 5b, describe in Part III. 6a X 6b X f"Yes" on line 5a or 5b, describe in Part III. 7 X 8b X f"Yes" on line 5a or 5b, describe in Part III. 7 X 8b X f"Yes" on line 5a or 5b, describe in Part III. 7 X 8b X	3				2		
Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X e Participate in or receive payment from an equity-based compensation arrangement? 4c X d T'Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X f "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X f "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X 8 <td< td=""><td></td><td>-</td><td></td><td></td><td>a</td><td></td><td></td></td<>		-			a		
Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment from a supplemental nonqualified retirement plan? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X ff "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 6a X if "Yes" on line 6a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 6b X			•				
Image: Section Section Section A: S							
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a a Receive a severance payment or change-of-control payment? 4a x b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c x c Participate in or receive payment from an equity-based compensation arrangement? 4c x if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6 X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X d The organization? 5a X 5b X ff "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X ff "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X ff "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X ff "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X ff "Yes" on line 6a or 6b, describe in Part III.			•		vittee		
organization or a related organization: 4a x a Receive a severance payment or change-of-control payment? 4a x b Participate in or receive payment from a supplemental nonqualified retirement plan? 4a x c Participate in or receive payment from an equity-based compensation arrangement? 4c x lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 6c x Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a x a The organization? 5a 5b x lf "Yes" on line 5a or 5b, describe in Part III. 5a x 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a x a The organization? 6a x 6b x b Any related organization? 7 x 6b x if "Yes" on line 6a or 6b, describe in Part III. 7 x 6b x 7 Y X 6b x 6b					litee		
a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X d M X 4b X d M X 4c X d M M X 4c X d M M M X 4c X d M M M X 4c X d M M M M X 4c X d M M M M M X 4c X d M M M M M M X 4c X 4c X d M M M M M M M M X 4c X X d M M M M M M M	4			rt VII, Section A, line 1a, with respect to the filing			
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9<	-			une e un t O	4-		V
c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any companization? 6a X 6b X f"res" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X	-						X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X compensation contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6a X f""Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described				• •			
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization? Any related or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		If "Yes" to any of	lines 4a-c, list the persons and provid	le the applicable amounts for each item in Part III.			
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization? Any related or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		Only sastion 50	1(c)(3) = E01(c)(4) and $E01(c)(20)$ are	prizations must complete lines E. 9			
compensation contingent on the revenues of: 5 a The organization? 5a b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6a compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6a compensation contingent on the net earnings of: 6b a The organization? 6a b Any related organization? 6a compensation contingent on the net earnings of: 6b a The organization? 6a f"Yes" on line 6a or 6b, describe in Part III. 7 7 X 8 Were any amounts reported on Form 990, Part VII, Section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	5						
b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	compensation co	ntingent on the revenues of:				
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	-	0					Х
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? b Any related organization? c 6a 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For versons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	b				5 b		X
compensation contingent on the net earnings of: 6a a The organization?							
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6			e 1a, did the organization pay or accrue any			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							
If "Yes" on line 6a or 6b, describe in Part III. Image: science in the initial contract is the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in the initial contract exception described in Regulation section 53.4958-4(a)(3)? If "Yes," describe in the initial contract exception described in the initial contract exception described in the rebuttable presumption procedure described in the initial contract 53.4958-6(c)? 7 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9							X
payments not described on lines 5 and 6? If "Yes," describe in Part III		, ,					
payments not described on lines 5 and 6? If "Yes," describe in Part III							
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	7				_		v
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8						X
in Part III	-						
Regulations section 53.4958-6(c)? 9					8		Х
Regulations section 53.4958-6(c)? 9							
	9		•		_		
	For P					L (Form 90	10) 2020

HTA

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			f W-2 and/or 1099-MIS					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
ROY, KAUSHIK	(i)	205,286	36,000			20,481	261,767	
1 EXECUTIVE DIRECTOR	(ii)						0	
SCHNEDAR, PATRICIA	(i)	146,288	20,000			1,255	167,543	
2 CFO	(ii)						0	
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
8	(i) (ii)							
0	(i)							
9	(i) (ii)							
5	(i)							
10	(i) (ii)							
_ • •	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)	[
	(i)							
16	(ii)	[11			

Schedule J (Form 990) 2020

94-2297147 Page **2**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection					
Internal Revenue Service Name of the organization		Employer identification number					
SHANTI PROJECT		94-2297147					
	e 4d: Program Service Expenses: 493,436, Grants and allocations: 0,						
Revenue: 0 Voluntee	r Services: When volunteers are trained to make meaningful personal						
connections, they lear	n to offer compassion and presence that affects the entire community.						
Shanti offers an imme	rsive, life-changing 24-hour volunteer training, the Shanti Model of Peer						
Support, which prepar	res volunteers to be paired one-on-one with clients and provide them with						
both emotional suppo	rt and practical assistance.						
Form 990, Part III, Lin	e 4d: Program Service Expenses: 1,212,486, Grants and allocations: 0,						
Revenue: 0 Peer Adv	vocate Care Team (PACT): When our neighbors who live in poverty in Potrer	0					
Terrace and Annex pu	ublic housing, which is undergoing a vast redevelopment, receive emotional						
support, they feel stro	ng, empowered, and more self-reliant. Using the Shanti Model of Peer						
Support, our PACT se	rvices enable these individuals and families to stay or become stably						
housed in a safe and	livable environment, one where they feel invested and connected to each						
other and their comm	unity.						
Form 990, Part III, Lin	e 4d: Program Service Expenses: 1,024,009, Grants and allocations: 0,						
Revenue: 0 LGBT Ag	ing and Abilities Support Network (LAASN): When LGBTQ elders with						
disabilities are recogn	ized for who they truly are, they feel valued and empowered to						
vibrantly contribute to	their community. The LGBTQ Aging and Abilities Support Network						
provides supportive se	ervices that address social isolation, emotional, behavioral, and health						
challenges faced by le	esbian, gay, bisexual, transgender, and queer seniors and adults with						
disabilities.							
Form 990, Part III, Lin	e 4d: Program Service Expenses: 382,719, Grants and allocations: 0,						
Revenue: 0 HIV Heal	th Services Planning Council Support Program: The San Francisco EMA HIV	/					
Community Planning	Community Planning Council is a collaborative regional planning body that consists of						
volunteers and goverr	volunteers and government appointees from throughout San Francisco, Marin, and San Mateo						
counties, including pe	rsons living with HIV, community members, and representatives of private						
and public agencies p	roviding a wide range of HIV-related services and programs. Shanti						

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
SHANTI PROJECT	94-2297147
provides management, administrative support, and training to council members of the San	
Francisco HIV Community Planning Council. The body is mandated by HRSA and the CDC to as	sess
the needs of the HIV-positive population and those at risk of contracting HIV, prioritize	
service categories, and set funding allocation levels for those services.	
Form 990, Part VI, Section B, Line 11b: The Audit Committee reviews Form 990 and recommended	s
approval by the Board of Directors. The Board of Directors approves Form 990 prior to filing.	
Form 990, Part VI, Section B, Line 15a: The Board of Directors studied local salaries of	
Executive Directors of comparable organizations, and noting the agency's current budget agreed	
with the Executive Director on a salary figure amenable to both parties.	
Form 990, Part VI, Section B, Line 15b: The Executive Director studied local salaries of the	
relevant positions at comparable organizations, and noting the agency's current budget agreed	
with the employees on salary figures amenable to everyone.	
Form 990, Part VI, Section C, Line 19: Shanti posts financial statements annually on own	
website. Public is invited to all board meetings where current financial statements are	
reviewed. Financial statements, conflict of interest policy, and governing documents are	
available at the Shanti's office at 3170 23rd street, San Francisco.	
Form 990, Part VI, Section A, Line 8: Board and committee minutes are recored, reviewed, and	
accepted by the respective group.	