

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE OPEN DOOR SHELTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 496, 4 MERRITT STREET City or town, state or province, country, and ZIP or foreign postal code SOUTH NORWALK, CT 06856 F Name and address of principal officer: CURTIS STEWART SAME AS C ABOVE	D Employer identification number 22-2536909 E Telephone number 203-866-1057 G Gross receipts \$ 2,880,719. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.OPENDOORSHELTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDES EMERGENCY SHELTER, FOOD, COUNSELING, HOUSING AND SUPPORT SERVICES TO ADDRESS THE CAUSES 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 56 6 Total number of volunteers (estimate if necessary) 6 450 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 2,116,737. Current Year 2,564,290. 9 Program service revenue (Part VIII, line 2g) 175,075. 219,283. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 81. 26. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,967. 52,527. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,299,860. 2,836,126.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,261,291. 1,241,193. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 174,269. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,253,684. 1,324,559. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,514,975. 2,565,752. 19 Revenue less expenses. Subtract line 18 from line 12 -215,115. 270,374.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 3,872,269. End of Year 4,195,839. 21 Total liabilities (Part X, line 26) 1,451,561. 1,504,757. 22 Net assets or fund balances. Subtract line 21 from line 20 2,420,708. 2,691,082.	

Part II Signature Block

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

Sign Here	Signature of officer CURTIS STEWART, BOARD PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BRUCE BLASNIK Preparer's signature BRUCE BLASNIK Date 03/03/16 Check if self-employed <input type="checkbox"/> PTIN P00733345 Firm's name ▶ PKF O'CONNOR DAVIES, LLP Firm's EIN ▶ 27-1728945 Firm's address ▶ 3001 SUMMER STREET, 5TH FL EAST STAMFORD, CT 06905 Phone no. 203-323-2400	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE OPEN DOOR SHELTER, INC. IS TO EFFECTIVELY ADDRESS THE CAUSES AND COMPLEXITIES OF THE HOMELESS AND WORKING POOR BY PROVIDING SHELTER, FOOD, CLOTHING, CASE MANAGEMENT SERVICES, TREATMENT SERVICES, TRANSITIONAL PLANNING FOR SHORT AND LONG TERM GOALS,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,187,317. including grants of \$) (Revenue \$ 219,283.) THE OPEN DOOR SHELTER (FORMERLY KNOWN AS NORWALK EMERGENCY SHELTER, INC.) HAS PROVIDED COMPREHENSIVE SERVICES FOR THOSE LIVING IN POVERTY AND HOMELESS MEN, WOMEN, AND FAMILIES SINCE 1984. THE CORE STRATEGY AT OPEN DOOR SHELTER BEGINS WITH SATISFYING THE BASIC HUMAN NEEDS OF FOOD, CLOTHING AND SHELTER. THEN THE ORGANIZATION PROVIDES CASE MANAGEMENT COUNSELING TO IDENTIFY THE CHALLENGES FACED BY EACH INDIVIDUAL AND FAMILY. THE SHELTER SUPPORTS AND CONNECTS PEOPLE IN CRISIS TO RESOURCES AND SERVICES THAT ADDRESS THEIR HEALTH, MENTAL HEALTH, ADDICTION, EMPLOYMENT AND HOUSING ISSUES. THROUGH INTENSIVE CASE MANAGEMENT, THE AGENCY HELPS THE IMPOVERISHED AND HOMELESS ACHIEVE A LEVEL OF SECURITY AND WELL-BEING THAT ALLOWS THEM TO EXPERIENCE PERSONAL RESPONSIBILITY AND EVENTUALLY BECOME CONTRIBUTING MEMBERS OF

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,187,317.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JEANNETTE ARCHER-SIMONS, EXECUTIVE DIRECTOR - 203-866-1057**
4 MERRITT STREET, SOUTH NORWALK, CT 06856

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATHANIEL YORDON PAST BOARD CHAIR	2.00	X						0.	0.	0.
(2) NANCY MEANY VICE PRESIDENT	5.00	X		X				0.	0.	0.
(3) KEITH BROWN SECRETARY	5.00	X		X				0.	0.	0.
(4) ROBERT GENUARIO TREASURER	5.00	X		X				0.	0.	0.
(5) DAVID TAMBURRI DIRECTOR	1.00	X						0.	0.	0.
(6) DAVID CUDINER DIRECTOR	1.00	X						0.	0.	0.
(7) DEREK CORREIA DIRECTOR	1.00	X						0.	0.	0.
(8) WILLIAM BURNHAM DIRECTOR	1.00	X						0.	0.	0.
(9) CURTIS STEWART BOARD CHAIR	5.00	X		X				0.	0.	0.
(10) ASHLEY MARCIANO DIRECTOR	1.00	X						0.	0.	0.
(11) RANDY NAPOLETANO DIRECTOR	1.00	X						0.	0.	0.
(12) ELIZABETH PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN F. ERDMANN DIRECTOR	1.00	X						0.	0.	0.
(14) ALEXANDRA FARSUN DIRECTOR	1.00	X						0.	0.	0.
(15) JEANNETTE ARCHER-SIMONS EXECUTIVE DIRECTOR	35.00			X				137,449.	0.	8,439.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							137,449.	0.	8,439.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							137,449.	0.	8,439.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 60,327.					
	b Membership dues	1b					
	c Fundraising events	1c 456,538.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 803,799.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,243,626.					
	g Noncash contributions included in lines 1a-1f: \$	521,289.					
	h Total. Add lines 1a-1f	▶ 2,564,290.					
Program Service Revenue	2 a TENANT INCOME	Business Code 624200	186,477.	186,477.			
	b CLIENT SERVICE FEES	624200	32,806.	32,806.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶ 219,283.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	26.			26.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)	▶					
	8 a Gross income from fundraising events (not including \$ 456,538. of contributions reported on line 1c). See Part IV, line 18	a 29,590.					
		b Less: direct expenses	b 44,593.				
c Net income or (loss) from fundraising events		▶ -15,003.				-15,003.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a	STORM DAMAGE INSURANCE	524126	62,100.			62,100.	
	b MISC REVENUE	900099	5,430.			5,430.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d	▶ 67,530.						
12 Total revenue. See instructions.	▶ 2,836,126.		219,283.	0.	52,553.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	139,064.	41,719.	41,719.	55,626.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	847,860.	762,785.	51,641.	33,434.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,688.	13,372.	3,316.	
9 Other employee benefits	128,132.	104,465.	12,113.	11,554.
10 Payroll taxes	109,449.	89,220.	10,353.	9,876.
11 Fees for services (non-employees):				
a Management				
b Legal	21,660.	6,931.	7,581.	7,148.
c Accounting	23,000.	7,360.	8,050.	7,590.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	85,886.	21,478.	50,351.	14,057.
12 Advertising and promotion				
13 Office expenses	61,542.	50,999.	2,816.	7,727.
14 Information technology				
15 Royalties				
16 Occupancy	153,620.	151,851.	1,179.	590.
17 Travel	14,051.	13,219.	334.	498.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,414.	5,414.		
20 Interest	69,062.	69,062.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,145.	147,285.	7,860.	
23 Insurance	53,563.	46,564.	6,853.	146.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICE	572,603.	572,603.		
b REPAIRS AND MAINTENANCE	77,616.	77,616.		
c TEMPORARY HELP	22,862.			22,862.
d MISC	8,535.	5,374.		3,161.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,565,752.	2,187,317.	204,166.	174,269.
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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	99,167.	1	78,240.
	2 Savings and temporary cash investments	237,369.	2	250,764.
	3 Pledges and grants receivable, net	14,010.	3	73,481.
	4 Accounts receivable, net	25,035.	4	104,395.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,991.	9	8,332.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,164,150.		
	b Less: accumulated depreciation	10b 2,498,949.	10c	3,665,201.
	11 Investments - publicly traded securities		11	15,426.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,872,269.	16	4,195,839.	
Liabilities	17 Accounts payable and accrued expenses	147,291.	17	154,063.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21,338.	21	21,338.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,282,932.	23	1,329,356.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,451,561.	26	1,504,757.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,375,331.	27	2,677,641.
	28 Temporarily restricted net assets	45,377.	28	13,441.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,420,708.	33	2,691,082.	
34 Total liabilities and net assets/fund balances	3,872,269.	34	4,195,839.	

Part 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	2,836,126.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,565,752.
3	Revenue less expenses. Subtract line 2 from line 1	3	270,374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,420,708.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,691,082.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain in 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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **THE OPEN DOOR SHELTER, INC.** Employer identification number **22-2536909**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,829,153.	2,496,790.	2,206,079.	2,116,737.	2,564,290.	12,213,049.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	2,829,153.	2,496,790.	2,206,079.	2,116,737.	2,564,290.	12,213,049.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						499,341.
6 Public support. Subtract line 5 from line 4.						11,713,708.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,829,153.	2,496,790.	2,206,079.	2,116,737.	2,564,290.	12,213,049.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,882.	790.	121.	81.	26.	2,900.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	28,728.			7,967.		36,695.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						12,252,644.
12 Gross receipts from related activities, etc. (see instructions)					12	871,151.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	95.60 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	89.92 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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.	Yes	No
b Did the activities described in (a) 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 (a) and (b) 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? 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.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

THE OPEN DOOR SHELTER, INC.

Employer identification number

22-2536909

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **THE OPEN DOOR SHELTER, INC.** Employer identification number **22-2536909**

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

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

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 Temporarily restricted endowment _____ %

The percentages in 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 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" to 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		1,260,908.		1,260,908.
b Buildings		4,492,585.	2,132,233.	2,360,352.
c Leasehold improvements				
d Equipment		410,657.	366,716.	43,941.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,665,201.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,861,255.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	25,129.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	25,129.
3	Subtract line 2e from line 1		3	2,836,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,836,126.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,590,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	25,129.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	25,129.
3	Subtract line 2e from line 1		3	2,565,752.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,565,752.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

OPEN DOOR SHELTER OPERATES 26 HOUSING UNITS IN WHICH THEY OFFER LOW COST HOUSING TO PEOPLE IN NEED. FOR EACH TENANT, A SECURITY DEPOSIT IS COLLECTED AND RECOGNIZED AS A SECURITY DEPOSIT LIABILITY, UNTIL THE LEASE TERM ENDS AND THE SECURITY DEPOSIT IS REFUNDED.

PART X, LINE 2:

THE SHELTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE SHELTER HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE SHELTER IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR

Part XIII Supplemental Information *(continued)*

PERIODS PRIOR TO JULY 1, 2012.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA DINNER	FAT CAT	2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	399,962.	27,636.	58,530.	486,128.
	2 Less: Contributions	380,072.	22,636.	53,830.	456,538.
	3 Gross income (line 1 minus line 2)	19,890.	5,000.	4,700.	29,590.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	21,849.	5,000.		26,849.
	8 Entertainment	1,200.			1,200.
	9 Other direct expenses	7,870.		8,674.	16,544.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				44,593.
11 Net income summary. Subtract line 10 from line 3, column (d)				-15,003.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE OPEN DOOR SHELTER, INC.** Employer identification number **22-2536909**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,000	488,128.	COST OF DONATED FOOD
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE OPEN DOOR SHELTER, INC.

Employer identification number

22-2536909

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

OF HOMELESSNESS.

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

SUBSIDIZED HOUSING, EDUCATION, EMPLOYMENT, AND A PATH TOWARDS

INDEPENDENCE AND SUCCESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SOCIETY.

DURING THE FISCAL YEAR JULY 1, 2014 THROUGH JUNE 30, 2015, THE SHELTER

SUCCESSFULLY PROVIDED 30,766 BED NIGHTS FOR 298 HOMELESS MEN, WOMEN,

AND FAMILIES INCLUDING 41 CHILDREN. THE SHELTER AVERAGES DAILY SERVICE

TO 20 SINGLE WOMEN, 46 SINGLE MEN - PLUS, 9 OVERFLOW BEDS, AND 29

MEMBERS OF FAMILIES INCLUDING 12-18 CHILDREN. IN ADDITION, THE MANNA

HOUSE FOOD PROGRAM; A SOUP KITCHEN THAT IS OPEN TO SHELTER CLIENTS AND

THOSE LIVING IN POVERTY IN THE COMMUNITY PROVIDED BREAKFAST, LUNCH, AND

DINNER SEVEN DAYS PER WEEK TO THOSE IN NEED. THE SHELTER ALSO PROVIDES

A FOOD PANTRY, WHERE FOOD IS DISTRIBUTED DAILY TO THE IMPOVERISHED.

LAST YEAR A TOTAL OF 130,790 HOT MEALS WERE SERVED OR AN AVERAGE OF 370

MEALS A DAY. IN ADDITION THE SHELTER PANTRY PROVIDED 249,149 MEALS TO

INDIVIDUALS LIVING IN POVERTY.

THE SHELTER PARTICIPATES IN COLLABORATIVE EFFORTS TO ADDRESSES THE

CAUSES AND EFFECTS OF HOMELESSNESS. THE SHELTER HAS BEEN AN ACTIVE

LEADER AND PARTICIPATES IN THE COORDINATED ACCESS NETWORK (CAN) IN

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

THE OPEN DOOR SHELTER, INC.

Employer identification number

22-2536909

ACCEPTING REFERRALS FOR SHELTER AND FOLLOWS THE REGIONAL SHELTER
 WAITLIST AND PLACEMENT PROCESS USED BY OPENING DOORS OF FAIRFIELD
 COUNTY. THIS COORDINATED ACCESS NETWORK (CAN) PROCESS ESTABLISHED A
 CENTRAL DATA SOURCE AND PRESCREENING STRATEGY USING THE 211 SYSTEM.
 AFTER COMPLETING AN INITIAL DIVERSION SCREENING PROCESS, 211 REFERS
 INDIVIDUALS AND FAMILIES TO THE SHELTER. OPEN DOOR SHELTER CASE
 MANAGERS ARE CURRENTLY SCHEDULED FOR 15 APPOINTMENTS A WEEK WITH
 INDIVIDUALS WHO HAVE CALLED 211 LOOKING FOR SHELTER.

DURING FISCAL 2014-2015 THE CASE MANAGEMENT SERVICES TEAM PROVIDED
 1,764 LOW INCOME AND HOMELESS INDIVIDUALS AND FAMILIES WITH ASSISTANCE
 INCLUDING COUNSELING, CRISIS INTERVENTION, GOAL PLANNING, REFERRALS TO
 ADDITIONAL COMMUNITY SUPPORT SERVICES, FINANCIAL MANAGEMENT, JOB
 TRAINING, TRANSITIONAL HOUSING SUPPORT, USE OF GUEST TELEPHONES AND
 COMPUTERS, AND ACCESS TO FOOD, SHELTER, SHOWER AND LAUNDRY FACILITIES.
 THE ORGANIZATION ALSO PROVIDES ONSITE ACCESS TO HEALTH, MENTAL HEALTH
 AND DENTAL CARE THROUGH A PARTNERSHIP WITH THE NORWALK COMMUNITY HEALTH
 CENTER MEDICAL BUS.

CASE MANAGERS ARE TRAINED IN RAPID RE-HOUSING, PERMANENT SUPPORTIVE
 HOUSING AND CRITICAL TIME INTERVENTION EVIDENCE BASED MODELS OF CASE
 MANAGEMENT SUPPORT. THE HOUSING PROCESS FOR HOMELESS INDIVIDUALS AND AT
 RISK INDIVIDUALS INCLUDES IDENTIFYING FINANCIAL SUBSIDIES AND PROGRAMS
 THAT WILL SUPPORT PERMANENT HOUSING, ASSISTING WITH DOCUMENTS AND
 APPLICATIONS, OUTREACH TO LANDLORDS, AND WORKING WITH THE NORWALK
 HOUSING FIRST COLLABORATIVE TO IDENTIFY AND INSPECT HOUSING OPTIONS FOR
 SHELTER CLIENTS.

Name of the organization

THE OPEN DOOR SHELTER, INC.

Employer identification number

22-2536909

THE ORGANIZATION CONNECTS INDIVIDUALS AND FAMILIES NEEDING SUPPORTIVE HOUSING AS PART OF THE NORWALK HOUSING FIRST COLLABORATIVE. THE CASE MANAGERS IN THE COLLABORATIVE USE A CTI CASE MANAGEMENT METHODOLOGY, AN EVIDENCE BASED MODEL TO EMPOWER CLIENTS TO REGAIN AND SUSTAIN SELF-SUFFICIENCY. CTI STRENGTHENS THE INDIVIDUAL'S LONG-TERM TIES TO SERVICES, FAMILY, AND FRIENDS AND PROVIDES EMOTIONAL AND PRACTICAL SUPPORT DURING THE CRITICAL TIME OF TRANSITION AND THE MONTHS THAT FOLLOW. TO ENSURE INDIVIDUALS/FAMILIES HAVE LONG-TERM TIES TO WRAPAROUND SUPPORTS, CASE MANAGERS CONTINUALLY ASSESS THE DYNAMIC NEEDS OF CONSUMERS AND MAKE REFERRALS AS APPROPRIATE.

OPEN DOOR SHELTER ALSO PROVIDES PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS WITH SPECIAL NEEDS. THROUGH THESE 27 HOUSING UNITS, CASE MANAGERS ENSURE LONG-TERM SUCCESS AT AUTONOMY, RESIDENTS ARE ASSISTED TO ENHANCE THEIR BASIC LIFE SKILLS; WORK READINESS SKILLS; ACCESS JOB PLACEMENT SERVICES; MANAGE MENTAL ILLNESS OR OTHER MEDICAL CONDITIONS AND/OR MAINTAIN SOBRIETY. THE SHELTER HAS SERVED 35 CHRONICALLY HOMELESS INDIVIDUALS WITH SPECIAL NEEDS AS PART OF THIS PROGRAM. ALL OF THESE PARTICIPANTS HAVE LEARNED FINANCIAL MANAGEMENT, RESPONSIBLY PAID THEIR RENTS, GAINED LEADERSHIP SKILLS, MAINTAINED POSITIVE RELATIONSHIPS WITH OTHER TENANTS IN THE HOUSEHOLD, RECEIVED INFORMATION ON BASIC EDUCATION AND VOCATIONAL TRAINING PROGRAMS, OBTAINED EMPLOYMENT, AND ENHANCED THEIR SELF-ESTEEM.

THE SHELTER'S PROJECT FOR ASSISTANCE WITH TRANSITIONING FROM HOMELESSNESS (PATH) OUTREACH PROGRAM; FUNDED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES PROVIDES COMMUNITY OUTREACH TO DISPLACED INDIVIDUALS INCLUDING VETERANS IN GREATER NORWALK. THE

Name of the organization

THE OPEN DOOR SHELTER, INC.

Employer identification number

22-2536909

SHELTER'S CASE MANAGERS PROVIDE ASSERTIVE OUTREACH AND ENGAGEMENT SERVICES TO ADULT MEN AND WOMEN WHO ARE HOMELESS AND MEDICALLY INDIGENT. LAST YEAR, THE AGENCY'S CASE WORKERS SUCCESSFULLY PROVIDED OUTREACH SERVICES INCLUDING ON-SITE CASE MANAGEMENT, MENTAL HEALTH ASSESSMENTS, ADVOCACY, BENEFIT ASSISTANCE, REFERRALS, HOUSING ASSISTANCE AND OTHER SUPPORT SERVICES TO 50-75 STREET HOMELESS INDIVIDUALS WITH SPECIAL NEEDS.

THE SHELTER PROVIDES PRESCHOOL EDUCATION PROGRAM, PARENT TRAINING AND AFTER SCHOOL HOMEWORK ASSISTANCE FOR THE CHILDREN AND FAMILIES LIVING IN THE SHELTER. THE GOAL OF THESE PROGRAMS IS ASSURE GRADE LEVEL SUCCESS FOR THE CHILDREN AND ENGAGE THE PARENTS IN SUPPORTING THE EDUCATION OF THEIR CHILDREN.

CURRENTLY THERE ARE 40 FULL AND PART TIME STAFF AND 500 VOLUNTEERS PROVIDING SUPPORT FOR SHELTER AND FOOD PANTRY OPERATIONS. ONLY 30% OF THE FUNDING ANNUALLY COMES FROM GOVERNMENT SOURCES INCLUDING CONNECTICUT DEPARTMENT OF HOUSING, (HOUSING) DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (PATH), THE DEPARTMENT OF EDUCATION (FOOD FOR CHILDREN), BUREAU OF REHABILITATIVE SERVICES (JOBS TRAINING) AND FEMA. THE BALANCE OF FUNDING COMES FROM RENTS, GRANTS, PRIVATE FOUNDATIONS, FAITH ORGANIZATIONS, AND INDIVIDUALS.

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

FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. A COPY OF THE PREPARED FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS FINALIZED AND FILED WITH THE INTERNAL REVENUE SERVICE.

Name of the organization

THE OPEN DOOR SHELTER, INC.

Employer identification number

22-2536909

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

THE ORGANIZATION MONITORS POTENTIAL CONFLICTS OF INTEREST THROUGH AN ESTABLISHED CONFLICT OF INTEREST POLICY, EDUCATION OF MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES AND AN INFORMAL REPORTING MECHANISM.

FULL DISCLOSURE OF ACTUAL AND POTENTIAL CONFLICTS, AND A DETERMINATION BY DISINTERESTED BOARD MEMBERS (WITH THE INTEREST BOARD MEMBERS EXCUSED FROM PARTICIPATING IN DEBATES AND VOTING ON THE MATTER) ARE REQUIRED.

ALL ACTUAL AND POTENTIAL CONFLICTS OF INTEREST SHALL BE DISCLOSED BY BOARD MEMBERS TO THE BOARD PRESIDENT WHENEVER A CONFLICT ARISES. THE DISINTERESTED MEMBERS OF THE BOARD SHALL MAKE A DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IF ANY IS REQUIRED.

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

EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE USES THE EXECUTIVES' PERFORMANCE OVER THE PAST YEAR, COST OF LIVING MEASURES, AND COMPENSATION BY OTHER SIMILAR SIZED CHARITIES IN THE REGION, IN DETERMINING THE REASONABLENESS OF COMPENSATION BEING CONSIDERED.

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

FORMS 990 AND 1023, THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT P.O. BOX 496, 4 MERRITT STREET, SOUTH NORWALK, CT 06856 OR BY CALLING THE ORGANIZATION DIRECTLY AT (203) 866-1057.

Name of the organization THE OPEN DOOR SHELTER, INC.	Employer identification number 22-2536909
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FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EQUIPMENT	VARIOUS	SL	5.00		16	58,848.				58,848.	58,848.		0.	58,848.
2	VAN	06/30/99	SL	5.00		16	10,151.				10,151.	10,151.		0.	10,151.
3	LAND	VARIOUS		.000		HY16	122,408.				122,408.			0.	
4	BUILDING - 139 SOUTH MAIN STREET	06/29/01	SL	30.00		16	147,770.				147,770.	62,675.		4,926.	67,601.
5	2 COMPUTERS	08/03/00	SL	5.00		16	3,394.				3,394.	3,394.		0.	3,394.
6	129 SOUTH MAIN ST. IMPROVEMENTS	VARIOUS	SL	20.00		16	905,101.				905,101.	855,181.		45,255.	900,436.
7	137 SOUTH MAIN STREET	05/30/84	SL	30.00		16	293,000.				293,000.	287,196.		0.	287,196.
8	129 SOUTH MAIN	06/11/96	SL	30.00		16	65,000.				65,000.	39,006.		2,167.	41,173.
	LAND & IMPROVEMENTS			.000		HY16									
	BUILDING - 4 MERRITT & 137 S. MAIN STREET			.000		HY16									
	BUILDINGS - 129 SOUTH MAIN STREET			.000		HY16									
	EQUIPMENT			.000		HY16									
	BUILDING - 139 SOUTH MAIN STREET			.000		HY16									
	BUILDING IMPROVEMENTS			.000		HY16									
15	CHEVROLET TRUCK	02/06/02	SL	5.00		16	17,033.				17,033.	17,033.		0.	17,033.
16	DRYER	06/30/02	SL	5.00		16	2,098.				2,098.	2,098.		0.	2,098.
17	FLOOR CLEANER	06/30/02	SL	5.00		16	1,102.				1,102.	1,102.		0.	1,102.
18	COMPUTER	06/30/02	SL	5.00		16	1,540.				1,540.	1,540.		0.	1,540.

428111
05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	FREEZER	06/30/02	SL	5.00		16	3,753.				3,753.	3,753.		0.	3,753.
20	BUILDING IMPROVEMENTS - 129 SOUTH MAIN	06/30/02	SL	20.00		16	32,521.				32,521.	19,512.		1,626.	21,138.
21	BUILDING IMPROVEMENTS - SPRINKLER SYSTEM	VARIOUS	SL	20.00		16	9,830.				9,830.	5,904.		492.	6,396.
22	BUILDING - 4 COUCH STREET	06/12/03	SL	27.50	MM	16	385,462.				385,462.	150,355.		14,017.	164,372.
23	LAND - 4 COUCH STREET	06/12/03		.000	HY	16	74,700.				74,700.			0.	
24	BLDG-IMPROV SHOWERS 4 MERRITT ST	12/09/02	SL	20.00		16	11,880.				11,880.	6,881.		594.	7,475.
25	STOVE FOR MANNA HOUSE	01/16/03	SL	5.00		16	3,992.				3,992.	3,992.		0.	3,992.
26	STORAGE CONTAINER 4 MERRITT ST	04/24/03	SL	5.00		16	2,030.				2,030.	2,030.		0.	2,030.
27	BLDGPIMPROV SPRINKLER SYSTEM 4 MERRITT	05/22/03	SL	20.00		16	79,009.				79,009.	42,247.		3,950.	46,197.
28	SECURITY SYSTEM	12/24/03	SL	5.00		16	46,397.				46,397.	46,397.		0.	46,397.
29	SECURITY LIGHTS	06/30/04	SL	5.00		16	1,159.				1,159.	1,159.		0.	1,159.
30	PRINTER (ADMIN. ASST.)	08/13/03	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
31	PRINTER (BUS. MGR)	12/05/03	SL	5.00		16	1,700.				1,700.	1,700.		0.	1,700.
32	REFRIGERATOR	12/05/03	SL	5.00		16	1,999.				1,999.	1,999.		0.	1,999.
33	SNOWBLOWER	03/01/04	SL	5.00		16	1,411.				1,411.	1,411.		0.	1,411.
34	FENCE	06/30/04	SL	5.00		16	3,125.				3,125.	3,125.		0.	3,125.
35	SECURITY LIGHTS(129 SOUTH MAIN)	06/30/04	SL	5.00		16	3,618.				3,618.	3,618.		0.	3,618.
36	LAND - 70 CHESTNUT ST	05/17/04	L				494,066.				494,066.			0.	

428111 05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BUILDING - 70 CHESTNUT STREET	05/17/04	SL	27.50	MM	16	781,231.				781,231.	274,447.		28,408.	302,855.
38	BLDG-IMPROV-SPRINKLER	07/09/03	SL	20.00		16	3,400.				3,400.	1,870.		170.	2,040.
39	BLDG-IMPROV-LIGHTING 139 SOUTH MAIN	06/30/04	SL	20.00		16	1,170.				1,170.	590.		59.	649.
40	BLDG-IMPROV-ROOF-4 COUCH ST	06/30/04	SL	20.00		16	3,000.				3,000.	1,500.		150.	1,650.
41	BLDG-IMPROV PARKING LOT	08/13/03	SL	20.00		16	4,860.				4,860.	2,430.		243.	2,673.
	70 CHESTNUT STREET			.000	HY	16									
	4 COUCH STREET			.000	HY	16									
	BUILDING - 4 COUCH STREET			.000	HY	16									
	LAND - 4 COUCH STREET			.000	HY	16									
46	EQUIPMENT	07/20/04	SL	5.00		16	1,828.				1,828.	1,828.		0.	1,828.
47	ELECTRONIC SECURITY	07/30/04	SL	5.00		16	1,410.				1,410.	1,410.		0.	1,410.
48	ELECTRONIC SECURITY	10/08/04	SL	5.00		16	5,470.				5,470.	5,470.		0.	5,470.
49	COMPUTER	01/21/05	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
50	COMPUTER	02/14/05	SL	5.00		16	1,567.				1,567.	1,567.		0.	1,567.
51	ELECTRONIC SECURITY	04/20/05	SL	5.00		16	3,600.				3,600.	3,600.		0.	3,600.
52	EQUIPMENT	05/18/05	SL	5.00		16	2,152.				2,152.	2,152.		0.	2,152.
53	ELECTRONIC SECURITY	06/27/05	SL	5.00		16	8,739.				8,739.	8,739.		0.	8,739.
54	BUILDING IMPROVE 70 CHESNUT	07/20/04	SL	20.00		16	10,000.				10,000.	4,520.		500.	5,020.

428111
05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	BUILDING IMPROVE 70 CHESNUT	07/21/04	SL	20.00		16	22,780.				22,780.	10,296.		1,139.	11,435.
56	BUILDING IMPROVE 70 CHESNUT	10/21/04	SL	20.00		16	24,035.				24,035.	10,852.		1,202.	12,054.
57	FENCE	11/29/04	SL	10.00		16	3,180.				3,180.	2,877.		133.	3,010.
58	LAND IMPROVEMENTS	06/12/05	L				2,642.				2,642.			0.	
59	BUILDING IMPROVE 70 CHESNUT	06/23/05	SL	20.00		16	2,878.				2,878.	1,296.		144.	1,440.
60	HONDA VAN	01/09/06	SL	5.00		16	22,048.				22,048.	22,048.		0.	22,048.
61	COMPUTER	10/14/05	SL	5.00		16	1,794.				1,794.	1,794.		0.	1,794.
62	INTERCOM	11/29/05	SL	5.00		16	1,742.				1,742.	1,742.		0.	1,742.
63	LAUNDRY EQUIPMENT	02/01/06	SL	5.00		16	31,800.				31,800.	31,800.		0.	31,800.
64	BUILDING IMPROVE 70 CHESNUT	10/19/05	SL	20.00		16	2,500.				2,500.	1,083.		125.	1,208.
65	BUILDING IMPROVE 70 CHESNUT	04/17/06	SL	20.00		16	800.				800.	327.		40.	367.
66	SECURITY SYSTEM	05/05/06	SL	5.00		16	9,658.				9,658.	9,658.		0.	9,658.
67	BUILDING IMPROVE 70 CHESNUT	09/01/05	SL	20.00		16	2,100.				2,100.	928.		105.	1,033.
68	FREEZER	12/31/06	SL	7.00		16	1,947.				1,947.	1,947.		0.	1,947.
69	DOUBLE BUNK BEDS - 13 UNITS	12/31/06	SL	7.00		16	9,880.				9,880.	9,880.		0.	9,880.
70	MATTRESSES FOR BUNK BEDS	12/31/06	SL	3.00		16	2,210.				2,210.	2,210.		0.	2,210.
71	BUNK BED RAILS	12/31/06	SL	7.00		16	1,300.				1,300.	1,300.		0.	1,300.
72	VIDEO SURVEILLANCE AT BLDG. 129 SUPPORTIVE HOUSING	12/31/06	SL	3.00		16	10,195.				10,195.	10,195.		0.	10,195.

428111
05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	WASHER & DRYER FROM KIWANIS CLUB	06/30/07	SL	7.00		16	2,632.				2,632.	2,632.		0.	2,632.
74	DRIVEWAY/PARKING LOT IMPROVEMENTS	12/31/06	SL	15.00		16	5,916.				5,916.	2,955.		394.	3,349.
75	DRIVEWAY/PARKING LOT IMPROVEMENTS	12/31/06	SL	15.00		16	4,290.				4,290.	2,145.		286.	2,431.
76	LAND SURVEYING FOR 2 MERRIT PL	06/30/07	SL	39.00	MM	16	6,250.				6,250.	800.		160.	960.
77	CLOSING COSTS FOR 2 MERRIT PL	06/30/07	SL	39.00	MM	16	6,522.				6,522.	6,522.		0.	6,522.
78	CAPITAL IMPROVEMENTS @ 137 S MAIN ST.	12/31/06	SL	15.00		16	1,910.				1,910.	953.		127.	1,080.
79	CAPITAL IMPROVEMENTS @ 137 S MAIN ST.	12/31/06	SL	15.00		16	1,920.				1,920.	960.		128.	1,088.
80	CAPITAL IMPROVEMENTS @ 7 CHESTNUT ST	12/31/06	SL	15.00		16	12,200.				12,200.	6,098.		813.	6,911.
81	ALARM SYSTEM ADDITIONS ALL LOCATIONS0	12/31/06	SL	3.00		16	3,033.				3,033.	3,033.		0.	3,033.
82	CAPITAL IMPROVEMENTS @ 4 COUCH ST	12/31/06	SL	15.00		16	3,500.				3,500.	1,748.		233.	1,981.
83	WINDOWS & DOORS 4 MERRITT ST.	07/01/06	SL	15.00		16	45,864.				45,864.	24,464.		3,058.	27,522.
84	WINDOWS & DOORS 4 MERRITT ST.	07/01/06	SL	15.00		16	7,523.				7,523.	4,016.		502.	4,518.
85	CAPITAL IMPROVEMENTS @ 129 S MAIN ST.	06/30/07	SL	15.00		16	2,250.				2,250.	1,050.		150.	1,200.
86	ALARM SYSTEM ADDITIONS 4 MERRITT ST	12/31/06	SL	3.00		16	5,315.				5,315.	5,315.		0.	5,315.
87	ALARM SYSTEM ADDITIONS 4 MERRITT ST	12/31/06	SL	3.00		16	1,829.				1,829.	1,829.		0.	1,829.
88	ALARM SYSTEM ADDITIONS 4 MERRITT ST	12/31/06	SL	3.00		16	1,281.				1,281.	1,281.		0.	1,281.
89	LAND - 2 MERRITT	VARIOUS		.000	HY	16	559,528.				559,528.			0.	
90	BUILDING - 2 MERRITT STREET	03/07/07	SL	39.00	MM	16	791,994.				791,994.	97,259.		20,308.	117,567.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	CLOSING COSTS-2 MERRITT	03/07/07	SL	39.00	MM	16	1,020.				1,020.	1,020.		0.	1,020.
92	BUILDING IMPROVEMENTS	12/31/07	SL	39.00	MM	16	164,600.				164,600.	18,994.		4,221.	23,215.
93	2005 CADILLAC	05/01/08	SL	5.00		16	29,000.				29,000.	29,000.		0.	29,000.
94	ADDITIONAL BUILDING IMPROVEMENTS	12/31/07	SL	39.00	MM	16	68,120.				68,120.	8,009.		1,747.	9,756.
95	JUNGLE GYM	12/31/07	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
96	SECURITY COMPUTER	12/31/07	SL	5.00		16	3,785.				3,785.	3,785.		0.	3,785.
97	2 MERRITT PLACE (BLDG FOR FUTURE USE)	03/01/07	L				25,461.				25,461.			0.	
98	FREEZER - GLOBE EQUIPMENT	12/10/08	SL	5.00		16	1,386.				1,386.	1,386.		0.	1,386.
99	SECURITY - ELECTRONIC SECURITY &	07/21/08	SL	3.00		16	29,350.				29,350.	29,350.		0.	29,350.
100	PAVING-4 MERRITT-FRED BROOKS PAVEMENT	06/10/09	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.
101	1995 FORD TAURUS WAGON	01/07/09	SL	3.00		16	1,500.				1,500.	1,500.		0.	1,500.
102	BUILDING IMPROVEMENTS - 4 MERRITT ST	12/31/07	SL	39.00	MM	16	11,507.				11,507.	1,770.		295.	2,065.
103	BUILDING IMPROVEMENTS - 4 MERRITT ST	05/27/10	SL	15.00		16	5,521.				5,521.	1,501.		368.	1,869.
104	DRIVEWAY PATCHES - 70 CHESTNUT	05/31/10	SL	10.00		16	1,500.				1,500.	613.		150.	763.
105	AIRCONDITIONERS - 4 MERRITT ST	05/31/10	SL	15.00		16	36,926.				36,926.	10,053.		2,462.	12,515.
106	BUILDING IMPROVEMENTS - 4 MERRITT ST	06/09/10	SL	10.00		16	1,066.				1,066.	434.		107.	541.
107	FLOORING - 129 SOUTH MAIN ST	06/23/10	SL	10.00		16	2,500.				2,500.	1,000.		250.	1,250.
108	PAVING - 70 CHESTNUT ST	06/23/10	SL	15.00		16	1,500.				1,500.	400.		100.	500.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	SOFTWARE - 4 MERRITT ST	08/06/09	SL	5.00		16	1,200.				1,200.	1,120.		20.	1,140.
110	ROOF A/C - 4 MERRITT ST	09/30/09	SL	5.00		16	2,487.				2,487.	2,361.		126.	2,487.
111	ADJUSTMENT TO ACC DEPRECIATION OF 2008	12/30/10		.000	HY	16	1.				1.			0.	
112	DOUBLE BUNK BEDS	05/12/11	SL	7.00		16	5,187.				5,187.	2,347.		741.	3,088.
113	FREEZER	11/16/10	SL	5.00		16	1,447.				1,447.	1,036.		289.	1,325.
114	REFRIGERATOR	03/08/11	SL	5.00		16	519.				519.	347.		104.	451.
115	SECURITY SYSTEM	08/17/10	SL	5.00		16	4,263.				4,263.	3,270.		853.	4,123.
116	INTERCOM	12/04/10	SL	5.00		16	4,887.				4,887.	3,501.		977.	4,478.
117	FLOORING	07/14/10	SL	10.00		16	1,300.				1,300.	520.		130.	650.
118	FLOORING	07/20/10	SL	10.00		16	1,000.				1,000.	392.		100.	492.
119	SECURITY DOORS	03/08/11	SL	15.00		16	3,700.				3,700.	823.		247.	1,070.
120	BUILDING IMPROVEMENTS	04/11/11	SL	20.00		16	7,877.				7,877.	1,280.		394.	1,674.
121	BUILDING IMPROVEMENTS	04/29/11	SL	20.00		16	4,293.				4,293.	681.		215.	896.
122	BUILDING IMPROVEMENTS	05/18/11	SL	20.00		16	3,500.				3,500.	540.		175.	715.
123	FLOORING	06/14/11	SL	10.00		16	2,400.				2,400.	740.		240.	980.
124	BUILDING IMPROVEMENTS	06/14/11	SL	20.00		16	1,600.				1,600.	247.		80.	327.
125	BUILDING IMPROVEMENTS	12/31/11	SL	20.00		16	46,131.				46,131.	5,767.		2,307.	8,074.
126	EQUIPMENT	12/31/11	SL	5.00		16	23,090.				23,090.	11,545.		4,618.	16,163.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	VEHICLES	07/14/12	SL	5.00		16	4,211.				4,211.	842.		842.	1,684.
128	IMPROVEMENTS	12/04/12	SL	5.00		16	10,000.				10,000.	2,000.		2,000.	4,000.
129	EQUIPMENT	03/06/13	SL	5.00		16	887.				887.	177.		177.	354.
130	EQUIPMENT	06/18/13	SL	5.00		16	449.				449.	90.		90.	180.
131	DEVELOPMENT COSTS	01/01/15	SL	15.00		16	25,520.				25,520.			851.	851.
132	ICE MACHINE	12/31/13	SL	5.00		16	1,841.				1,841.	184.		368.	552.
133	REFRIGERATOR	02/08/14	SL	5.00		16	822.				822.	69.		164.	233.
134	WASHER	02/08/14	SL	5.00		16	400.				400.	33.		80.	113.
135	EQUIPMENT	10/28/13	SL	5.00		16	1,199.				1,199.	160.		240.	400.
136	VEHICLES	12/30/13	SL	5.00		16	2,291.				2,291.	229.		458.	687.
137	REFRIGERATOR	06/01/14	SL	5.00		16	450.				450.	8.		90.	98.
138	IMPROVEMENTS	12/30/14	SL	20.00		16	75,067.				75,067.			1,877.	1,877.
139	BUILDIN IMPROV-	12/30/14	SL	20.00		16	227,270.				227,270.			5,682.	5,682.
140	EQUIPMENT	12/30/14	SL	5.00		16	43,295.				43,295.			4,330.	4,330.
141	TIE TO ROLL FORWARD	06/01/14	SL	5.00		16	26,854.				26,854.	-18,234.		5,371.	-12,863.
	* TOTAL 990 PAGE 10 DEPR						6,164,150.				6,164,150.	2,370,813.		175,540.	2,546,353.

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- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT	VARIES	SSL	5.00	16	58,848.			58,848.	58,848.		0.
2	VAN	063099	SL	5.00	16	10,151.			10,151.	10,151.		0.
3	LAND	VARIES		.000	16	122,408.			122,408.			0.
4	BUILDING - 139 SOUTH MAIN STREET	062901	SL	30.00	16	147,770.			147,770.	62,675.		4,926.
5	2 COMPUTERS	080300	SL	5.00	16	3,394.			3,394.	3,394.		0.
6	129 SOUTH MAIN ST. IMPROVEMENTS	VARIES	SSL	20.00	16	905,101.			905,101.	855,181.		45,255.
7	137 SOUTH MAIN STREET	053084	SL	30.00	16	293,000.			293,000.	287,196.		0.
8	129 SOUTH MAIN	061196	SL	30.00	16	65,000.			65,000.	39,006.		2,167.
	LAND & IMPROVEMENTS											
	BUILDING - 4											
	MERRITT & 137 S. MA											
	BUILDINGS - 129											
	SOUTH MAIN STREET											
	EQUIPMENT											
	BUILDING - 139											
	SOUTH MAIN STREET											
	BUILDING											
	IMPROVEMENTS											
15	CHEVROLET TRUCK	020602	SL	5.00	16	17,033.			17,033.	17,033.		0.
16	DRYER	063002	SL	5.00	16	2,098.			2,098.	2,098.		0.
17	FLOOR CLEANER	063002	SL	5.00	16	1,102.			1,102.	1,102.		0.
18	COMPUTER	063002	SL	5.00	16	1,540.			1,540.	1,540.		0.

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- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	FREEZER	063002	SL	5.00	16	3,753.			3,753.	3,753.		0.
20	BUILDING IMPROVEMENTS - 129	063002	SL	20.00	16	32,521.			32,521.	19,512.		1,626.
21	BUILDING IMPROVEMENTS - SPRINGFIELD	VARIABLE	SSL	20.00	16	9,830.			9,830.	5,904.		492.
22	BUILDING - 4 COUCH STREET	061203	SL	27.50	16	385,462.			385,462.	150,355.		14,017.
23	LAND - 4 COUCH STREET	061203		.000	16	74,700.			74,700.			0.
24	BLDG-IMPROV SHOWERS 4 MERRITT ST	120902	SL	20.00	16	11,880.			11,880.	6,881.		594.
25	STOVE FOR MANNA HOUSE	011603	SL	5.00	16	3,992.			3,992.	3,992.		0.
26	STORAGE CONTAINER 4 MERRITT ST	042403	SL	5.00	16	2,030.			2,030.	2,030.		0.
27	BLDGPIMPROV SPRINKLER SYSTEM 4	052203	SL	20.00	16	79,009.			79,009.	42,247.		3,950.
28	SECURITY SYSTEM	122403	SL	5.00	16	46,397.			46,397.	46,397.		0.
29	SECURITY LIGHTS	063004	SL	5.00	16	1,159.			1,159.	1,159.		0.
30	PRINTER (ADMIN. ASST.)	081303	SL	5.00	16	1,200.			1,200.	1,200.		0.
31	PRINTER (BUS. MGR)	120503	SL	5.00	16	1,700.			1,700.	1,700.		0.
32	REFRIGERATOR	120503	SL	5.00	16	1,999.			1,999.	1,999.		0.
33	SNOWBLOWER	030104	SL	5.00	16	1,411.			1,411.	1,411.		0.
34	FENCE	063004	SL	5.00	16	3,125.			3,125.	3,125.		0.
35	SECURITY LIGHTS(129 SOUTH MAIN)	063004	SL	5.00	16	3,618.			3,618.	3,618.		0.
36	LAND - 70 CHESTNUT ST	051704	L			494,066.			494,066.			0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	BUILDING - 70 CHESTNUT STREET	051704	SL	27.50	16	781,231.			781,231.	274,447.		28,408.
38	BLDG-IMPROV-SPRINKLER	070903	SL	20.00	16	3,400.			3,400.	1,870.		170.
39	BLDG-IMPROV-LIGHTING 139 SOUTH MAIN	063004	SL	20.00	16	1,170.			1,170.	590.		59.
40	BLDG-IMPROV-ROOF-4 COUCH ST	063004	SL	20.00	16	3,000.			3,000.	1,500.		150.
41	BLDG-IMPROV PARKING LOT	081303	SL	20.00	16	4,860.			4,860.	2,430.		243.
	70 CHESTNUT STREET											
	4 COUCH STREET											
	BUILDING - 4 COUCH STREET											
	LAND - 4 COUCH STREET											
46	EQUIPMENT	072004	SL	5.00	16	1,828.			1,828.	1,828.		0.
47	ELECTRONIC SECURITY	073004	SL	5.00	16	1,410.			1,410.	1,410.		0.
48	ELECTRONIC SECURITY	100804	SL	5.00	16	5,470.			5,470.	5,470.		0.
49	COMPUTER	012105	SL	5.00	16	3,000.			3,000.	3,000.		0.
50	COMPUTER	021405	SL	5.00	16	1,567.			1,567.	1,567.		0.
51	ELECTRONIC SECURITY	042005	SL	5.00	16	3,600.			3,600.	3,600.		0.
52	EQUIPMENT	051805	SL	5.00	16	2,152.			2,152.	2,152.		0.
53	ELECTRONIC SECURITY	062705	SL	5.00	16	8,739.			8,739.	8,739.		0.
54	BUILDING IMPROVE 70 CHESNUT	072004	SL	20.00	16	10,000.			10,000.	4,520.		500.

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- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	BUILDING IMPROVE 70 CHESNUT	0721104	SL	20.00	16	22,780.			22,780.	10,296.		1,139.
56	BUILDING IMPROVE 70 CHESNUT	1021104	SL	20.00	16	24,035.			24,035.	10,852.		1,202.
57	FENCE	112904	SL	10.00	16	3,180.			3,180.	2,877.		133.
58	LAND IMPROVEMENTS	061205	L			2,642.			2,642.			0.
59	BUILDING IMPROVE 70 CHESNUT	062305	SL	20.00	16	2,878.			2,878.	1,296.		144.
60	HONDA VAN	010906	SL	5.00	16	22,048.			22,048.	22,048.		0.
61	COMPUTER	101405	SL	5.00	16	1,794.			1,794.	1,794.		0.
62	INTERCOM	112905	SL	5.00	16	1,742.			1,742.	1,742.		0.
63	LAUNDRY EQUIPMENT	020106	SL	5.00	16	31,800.			31,800.	31,800.		0.
64	BUILDING IMPROVE 70 CHESNUT	101905	SL	20.00	16	2,500.			2,500.	1,083.		125.
65	BUILDING IMPROVE 70 CHESNUT	041706	SL	20.00	16	800.			800.	327.		40.
66	SECURITY SYSTEM	050506	SL	5.00	16	9,658.			9,658.	9,658.		0.
67	BUILDING IMPROVE 70 CHESNUT	090105	SL	20.00	16	2,100.			2,100.	928.		105.
68	FREEZER	123106	SL	7.00	16	1,947.			1,947.	1,947.		0.
69	DOUBLE BUNK BEDS - 13 UNITS	123106	SL	7.00	16	9,880.			9,880.	9,880.		0.
70	MATTRESSES FOR BUNK BEDS	123106	SL	3.00	16	2,210.			2,210.	2,210.		0.
71	BUNK BED RAILS	123106	SL	7.00	16	1,300.			1,300.	1,300.		0.
72	VIDEO SURVEILLANCE AT BLDG. 129 SUPPOR	123106	SL	3.00	16	10,195.			10,195.	10,195.		0.

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- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	WASHER & DRYER FROM KIWANIS CLUB	063007	SL	7.00	16	2,632.			2,632.	2,632.		0.
74	DRIVEWAY/PARKING LOT IMPROVEMENTS	123106	SL	15.00	16	5,916.			5,916.	2,955.		394.
75	DRIVEWAY/PARKING LOT IMPROVEMENTS	123106	SL	15.00	16	4,290.			4,290.	2,145.		286.
76	LAND SURVEYING FOR 2 MERRIT PL	063007	SL	39.00	16	6,250.			6,250.	800.		160.
77	CLOSING COSTS FOR 2 MERRIT PL	063007	SL	39.00	16	6,522.			6,522.	6,522.		0.
78	CAPITAL IMPROVEMENTS @ 137	123106	SL	15.00	16	1,910.			1,910.	953.		127.
79	CAPITAL IMPROVEMENTS @ 137	123106	SL	15.00	16	1,920.			1,920.	960.		128.
80	CAPITAL IMPROVEMENTS @ 7 CH	123106	SL	15.00	16	12,200.			12,200.	6,098.		813.
81	ALARM SYSTEM ADDITIONS ALL LOCAT	123106	SL	3.00	16	3,033.			3,033.	3,033.		0.
82	CAPITAL IMPROVEMENTS @ 4 CO	123106	SL	15.00	16	3,500.			3,500.	1,748.		233.
83	WINDOWS & DOORS 4 MERRITT ST.	070106	SL	15.00	16	45,864.			45,864.	24,464.		3,058.
84	WINDOWS & DOORS 4 MERRITT ST.	070106	SL	15.00	16	7,523.			7,523.	4,016.		502.
85	CAPITAL IMPROVEMENTS @ 129	063007	SL	15.00	16	2,250.			2,250.	1,050.		150.
86	ALARM SYSTEM ADDITIONS 4 MERRITT	123106	SL	3.00	16	5,315.			5,315.	5,315.		0.
87	ALARM SYSTEM ADDITIONS 4 MERRITT	123106	SL	3.00	16	1,829.			1,829.	1,829.		0.
88	ALARM SYSTEM ADDITIONS 4 MERRITT	123106	SL	3.00	16	1,281.			1,281.	1,281.		0.
89	LAND - 2 MERRITT BUILDING - 2	VARIES		.000	16	559,528.			559,528.			0.
90	MERRITT STREET	030707	SL	39.00	16	791,994.			791,994.	97,259.		20,308.

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- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	CLOSING COSTS-2 MERRITT BUILDING	030707	SL	39.00	16	1,020.			1,020.	1,020.		0.
92	IMPROVEMENTS	123107	SL	39.00	16	164,600.			164,600.	18,994.		4,221.
93	2005 CADILLAC ADDITIONAL BUILDING	050108	SL	5.00	16	29,000.			29,000.	29,000.		0.
94	IMPROVEMENTS	123107	SL	39.00	16	68,120.			68,120.	8,009.		1,747.
95	JUNGLE GYM	123107	SL	5.00	16	5,000.			5,000.	5,000.		0.
96	SECURITY COMPUTER	123107	SL	5.00	16	3,785.			3,785.	3,785.		0.
97	2 MERRITT PLACE (BLDG FOR FUTURE USE)	030107	L			25,461.			25,461.			0.
98	FREEZER - GLOBE EQUIPMENT	121008	SL	5.00	16	1,386.			1,386.	1,386.		0.
99	SECURITY - ELECTRONIC SECURITY	072108	SL	3.00	16	29,350.			29,350.	29,350.		0.
100	PAVING-4 MERRITT-FRED BROOKS	061009	SL	5.00	16	5,000.			5,000.	5,000.		0.
101	1995 FORD TAURUS WAGON	010709	SL	3.00	16	1,500.			1,500.	1,500.		0.
102	BUILDING IMPROVEMENTS - 4 ME	123107	SL	39.00	16	11,507.			11,507.	1,770.		295.
103	BUILDING IMPROVEMENTS - 4 ME	052710	SL	15.00	16	5,521.			5,521.	1,501.		368.
104	DRIVEWAY PATCHES - 70 CHESTNUT	053110	SL	10.00	16	1,500.			1,500.	613.		150.
105	AIRCONDITIONERS - 4 MERRITT ST	053110	SL	15.00	16	36,926.			36,926.	10,053.		2,462.
106	BUILDING IMPROVEMENTS - 4 ME	060910	SL	10.00	16	1,066.			1,066.	434.		107.
107	FLOORING - 129 SOUTH MAIN ST	062310	SL	10.00	16	2,500.			2,500.	1,000.		250.
108	PAVING - 70 CHESTNUT ST	062310	SL	15.00	16	1,500.			1,500.	400.		100.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
109	SOFTWARE - 4 MERRITT ST	080609	SL	5.00	16	1,200.			1,200.	1,120.		20.
110	ROOF A/C - 4 MERRITT ST	093009	SL	5.00	16	2,487.			2,487.	2,361.		126.
111	ADJUSTMENT TO ACC DEPRECIATION OF 200	123010		.000	16	1.			1.			0.
112	DOUBLE BUNK BEDS	051211	SL	7.00	16	5,187.			5,187.	2,347.		741.
113	FREEZER	111610	SL	5.00	16	1,447.			1,447.	1,036.		289.
114	REFRIGERATOR	030811	SL	5.00	16	519.			519.	347.		104.
115	SECURITY SYSTEM	081710	SL	5.00	16	4,263.			4,263.	3,270.		853.
116	INTERCOM	120410	SL	5.00	16	4,887.			4,887.	3,501.		977.
117	FLOORING	071410	SL	10.00	16	1,300.			1,300.	520.		130.
118	FLOORING	072010	SL	10.00	16	1,000.			1,000.	392.		100.
119	SECURITY DOORS	030811	SL	15.00	16	3,700.			3,700.	823.		247.
120	BUILDING IMPROVEMENTS	041111	SL	20.00	16	7,877.			7,877.	1,280.		394.
121	BUILDING IMPROVEMENTS	042911	SL	20.00	16	4,293.			4,293.	681.		215.
122	BUILDING IMPROVEMENTS	051811	SL	20.00	16	3,500.			3,500.	540.		175.
123	FLOORING BUILDING	061411	SL	10.00	16	2,400.			2,400.	740.		240.
124	BUILDING IMPROVEMENTS	061411	SL	20.00	16	1,600.			1,600.	247.		80.
125	BUILDING IMPROVEMENTS	123111	SL	20.00	16	46,131.			46,131.	5,767.		2,307.
126	EQUIPMENT	123111	SL	5.00	16	23,090.			23,090.	11,545.		4,618.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE OPEN DOOR SHELTER, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
127	VEHICLES	071412	SL	5.00	16	4,211.			4,211.	842.		842.
128	IMPROVEMENTS	120412	SL	5.00	16	10,000.			10,000.	2,000.		2,000.
129	EQUIPMENT	030613	SL	5.00	16	887.			887.	177.		177.
130	EQUIPMENT	061813	SL	5.00	16	449.			449.	90.		90.
131	DEVELOPMENT COSTS	010115	SL	15.00	16	25,520.			25,520.			851.
132	ICE MACHINE	123113	SL	5.00	16	1,841.			1,841.	184.		368.
133	REFRIGERATOR	020814	SL	5.00	16	822.			822.	69.		164.
134	WASHER	020814	SL	5.00	16	400.			400.	33.		80.
135	EQUIPMENT	102813	SL	5.00	16	1,199.			1,199.	160.		240.
136	VEHICLES	123013	SL	5.00	16	2,291.			2,291.	229.		458.
137	REFRIGERATOR	060114	SL	5.00	16	450.			450.	8.		90.
138	IMPROVEMENTS	123014	SL	20.00	16	75,067.			75,067.			1,877.
139	BUILDIN IMPROV-	123014	SL	20.00	16	227,270.			227,270.			5,682.
140	EQUIPMENT	123014	SL	5.00	16	43,295.			43,295.			4,330.
141	TIE TO ROLL FORWARD	060114	SL	5.00	16	26,854.			26,854.	-18,234.		5,371.
	* TOTAL 990 PAGE 10 DEPR					6,164,150.			6,164,150.	2,370,813.		175,540.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE OPEN DOOR SHELTER, INC.	Employer identification number (EIN) or 22-2536909
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 496, 4 MERRITT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTH NORWALK, CT 06856	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JEANNETTE ARCHER-SIMONS, EXECUTIVE DIRECTOR

• The books are in the care of **4 MERRITT STREET - SOUTH NORWALK, CT 06856**
Telephone No. **203-866-1057** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2016**.

5 For calendar year , or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **BOARD PRESIDENT** Date