** PUBLIC DISCLOSURE COPY **

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)

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection and ending JUN 30, 2016 A For the 2015 calendar year, or tax year beginning JUL 1, 2015 Check if C Name of organization D Employer identification number Address change CARPENTER'S SHELTER, INC. Name change Doing business as 54-1571849 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 930 N. HENRY ST. 703-548-7500 City or town, state or province, country, and ZIP or foreign postal code 3,256,783. G Gross receipts \$ Amended ALEXANDRIA, VA 22314 H(a) is this a group return Applica-F Name and address of principal officer: SHANNON STEENE for subordinates? Yes X No pendina SAME AS C ABOVE, ALEXANDRIA, VA 22314 H(b) Are all subordinates included? ∟Yes └─ No ! Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.CARPENTERSSHELTER.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Other -L Year of formation: 1990 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities; TO SUPPORT THE HOMELESS IN Activities & Governance ACHIEVING SUSTAINABLE INDEPENDENCE THROUGH SHELTER, GUIDANCE, Check this box Light if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 16 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 44 1000 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,972,970. 3,059,194. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 5,371.0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 55,014 105,699. -46,770.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -59,810. 1,981,214 3,110,454. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,236. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,277,568 1,235,137. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 804,325 699,121. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,940,494. 2,086,615. 19 Revenue less expenses. Subtract line 18 from line 12 -105,4011,169,960. Assets or Balances **Beginning of Current Year End of Year** 4,450,541. 5,512,005. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 180,253. 193,039. 4,270,288. Net assets or fund balances. Subtract line 21 from line 20 5,318,966. 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. Signature of officer Sign SHANNON STEENE, EXECUTIVE DIRECTOR Here Type or print name and title Date Print/Type preparer's name PTIN Preparer's signature Paid ANDREW E. YOUNG, CPA ANDREW E. YOUNG, CPA P01203950 Firm's name RENNER AND COMPANY, CPA, P.C Preparer 54-1498950 Firm's EIN Firm's address > 700 NORTH FAIRFAX ST, SUITE 400 Use Only ALEXANDRIA, VA 22314 Phone no. 703 - 535 - 1200

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

Pai	Charlet & Cabadala O contains a various avanta to any line in this Both III	
1	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
•	TO SUPPORT THE HOMELESS IN ACHIEVING SUSTAINABLE INDEPENDENCE	THROUGH
	SHELTER, GUIDANCE, EDUCATION AND ADVOCACY.	
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 b	
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,581,982 • including grants of \$ 6,236 •) (Revenue \$	5,371.)
40	(Code:) (Expenses \$ 1,581,982 · including grants of \$ 6,236 ·) (Revenue \$ CARPENTER'S SHELTER PROVIDES A COMPREHENSIVE CONTINUUM OF CARE	
	24-HOUR SHELTER TO HOMELESS FAMILIES AND SINGLE MEN AND WOMEN	
	ALEXANDRIA. IN ADDITION, THE SHELTER PROVIDES ITS RESIDENTS WI	
	SUPPORTIVE SERVICES AND EDUCATION TO INCREASE SELF-SUFFICIENCY	
	CARPENTER'S SHELTER OPERATES THE ONLY DAY SHELTER FACILITY FOR	
	CHRONICALLY HOMELESS AND THE WINTER SHELTER FOR THE CITY OF AI	
	OUR SUCCESS WITH OUR CLIENTS COMES FROM OUR COMPREHENSIVE SUPE	PORT AND
	GUIDANCE - DESIGNED TO EDUCATE AND ASSIST FAMILIES. AFTER LEA	AVING THE
	SHELTER, INDIVIDUALS AND FAMILIES PARTICIPATE IN OUR COMMUNITY	CASE
	MANAGEMENT TO ENSURE THAT THEY REMAIN STABILY HOUSED. OUR ULT	TIMATE
	GOAL IS TO ENSURE SELF SUFFICIENCY AND LONG TERM STABILITY.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	,
1.	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,581,982.)
<u>4e</u>	Total program service expenses 1,581,982.	Form 990 (2015)

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)?		х	
•	If "Yes," complete Schedule A	1	X	_
2		2		_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>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	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		
.5	complete Schedule G, Part III	19		х
			000	

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital fiscillities #1 "Yes," complete Schedule #1 21 Did the organization area to each organization attach as copy of its audietid financial statements to this return? 22 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 (*1" (*9s." complete Schedule IX and III and				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic inclividuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization never Yes," to Part IV, section A, line 34, or 'a bout compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and III and the stad and of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IX II "No", go to line 25a 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IX II "No", go to line 25a 25a School No IX II "No", go to line 25a 27b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? 28b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds? 29c Did the organization and the stade of 15 sever for bonds outstanding at any time during the year? 29c Did the organization and the 1 department of the organization engage in an excess benefit transaction with a disqualified person of the part of transaction with a disqualified person during the year. 29c Did the organization and the paged in an excess benefit transaction with a disqualified person if it price, complete Schedule L, Part IV organization expenses. Price Pages 27 if "Yes," complete Schedule L, Part IV organization expenses 27 if "Yes," complete Schedule IX price, complete Schedule IX price, complete S	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or a about compensation of the organization scurrent and former officies, directors, trustales, key employees, and highest compensated employees? If "Yes," complete Schedule I and III and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 29 IX or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 22 IX X 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No", go to line 25a	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and III in the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "No." of on time 25a 24e X X 24b 24c X 24c 24c X 24c 24c X 24c		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25s 24a X 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 27c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 28c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are sense benefit transaction with a disqualified person of unit transaction with a disqualified person of unit transaction with a disqualified person of unit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of 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 proper grows \$90.000 or \$90.0000 or \$90.000	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23	23				
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 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, injenset compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b X 27c X 28 Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c Is a mentity of which a current of former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family member thereof) was an officer, director, trustee, or key employee or a family member thereof) was an officer, or high the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I,					
Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 th through 24 and complete Schedule K. If "No", go to five 25a 24b			23		Х
schedule K. If "No", go to line 25a b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? d) 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 cutstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year? d) Did 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 reforms 990 or 990-EZ2? If "Yes," complete Schedule L, Part I! 25a	24a				
Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds period 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? 24d 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b 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? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee hereof, a grant selection committee member, or to a 3% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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? If "Yes," complete Schedule L, Part IV 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c A current or former offic					
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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-E27 If "Yes," complete Schedule L, Part I 25b 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? If "Yes," complete Schedule L, Part II 266 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization elle, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 95% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Sc	200		252		Х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b	h		200		
Schedule L, Part I 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? If "Yes," complete Schedule L, Part II 26	D				
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	b		1		
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			35b		
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</i> "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			36		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
			37		X
Note. All Form 990 filers are required to complete Schedule O	38		1	_	
		Note. All Form 990 filers are required to complete Schedule O	38	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						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming				
	(gambling) winnings to prize winners?			1c	Х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	44				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						
3a				3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х	
b	If "Yes," enter the name of the foreign country:		,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?		-	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х		
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е				
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l 1	•	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note. See the instructions for additional information the organization must report on Schedule O.						
b Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				37	
				14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	ΘΟ		14b	000	(0045	
				rorm	990	(2015)	

532005 12-16-15 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					$\lfloor X \rfloor$				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other								
	officer, director, trustee, or key employee?		2	2		X				
3	Did the organization delegate control over management duties customarily performed by or under th									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4	Х					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х				
6	Did the organization have members or stockholders?			6		X				
7a	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?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?		7	b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		8	а	х					
	b Each committee with authority to act on behalf of the governing body?									
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			_						
				Π,	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10)a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		🗀							
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10)b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			1a	Х					
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	2a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	—	2b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done		1:	2c	x					
13	Did the organization have a written whistleblower policy?		⊢	3	Х					
14	Did the organization have a written document retention and destruction policy?			4	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		1!	5a	х					
	Other officers or key employees of the organization			5b	Х					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		F							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a								
	taxable entity during the year?		16	6a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua									
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?		16	3b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501(c)(3)s o	nly) ava	ilable						
	for public inspection. Indicate how you made these available. Check all that apply.	, , , , , , , , , , , , , , , , , , , ,	,,							
		in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	, and fir	nanci	ial					
	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 bo	oks and records:								
	CARPENTER'S SHELTER, INC 703-548-7500	_								
	930 NORTH HENRY STREET, ALEXANDRIA, VA 22314									

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.

(A)	(B)			(((D)	(E)	(F)	
Name and Title	Average hours per		Pos (do not check box, unless pe			than		Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) LOUISE ROSEMAN	2.00										
CHAIRMAN	2 00	Х		Х				0.	0.	0	
(2) KERRY DONLEY	2.00	X		х				0.	0.	0	
VICE CHAIR (3) JEFF CRESKOFF	2.00	^		Δ				0.	0.	0	
TREASURER	2.00	X		Х				0.	0.	0	
(4) JEN LACHMAN	2.00					\vdash					
SECRETARY		Х		Х				0.	0.	0	
(5) EDITH BULLARD	2.00										
MEMBER		Х						0.	0.	0	
(6) CHARLOTTE HALL	2.00	l									
MEMBER	0.00	Х				_		0.	0.	0	
(7) KIM WEIR	2.00	x						0.	0.	0	
MEMBER (8) ANTHONY LOWE	2.00	^						0.	0.	0	
MEMBER	2.00	X						0.	0.	0	
(9) COLLIN MOLLER	2.00										
MEMBER		Х						0.	0.	0	
(10) TIM O'HARA	2.00										
MEMBER		Х						0.	0.	0	
(11) NEIL GILLESPIE	2.00								•		
MEMBER	2 00	Х						0.	0.	0	
(12) GREG SOUCHACK	2.00	X						0.	0.	0	
MEMBER (13) ADAM COLE	2.00	_						0.	0.	0	
MEMBER	2.00	X						0.	0.	0	
(14) KATHRYN KOBLE	2.00	 				\vdash					
MEMBER		Х						0.	0.	0	
(15) DAVID SPECK	2.00										
MEMBER		Х						0.	0.	0	
(16) MEGHAN HENDY	2.00									_	
MEMBER		Х						0.	0.	0	
(17) LEE FIFER - TERM ENDED	2.00	- T							^	_	
MEMBER		Х						0.	0.	0 Earm 990 (201	

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	•			(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi heck	ntion more) than	one	Reportable	Reportable		l	timate	
	hours per week			ss pe				compensation	compensation		l .	nount	of
	(list any	\vdash	T				1	from	from related		l .	other pensa	tion
	hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS		l .	pensa om the	
	related	e or c	stee			satec		(W-2/1099-MISC)	(00-2/1099-1011	30)		anizati	_
	organizations	truste	Institutional trustee		ee/	mper		(** 2, 1000 111100)				d relate	
	below	idual	ution	-	oldm	est co oyee	er				orga	anizatio	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	P m						
(18) SHANNON M. STEENE	40.00												
EXECUTIVE DIRECTOR				Х				71,221.		0.		2,2	82.
		1											
						$oxed{oxed}$							
		1											
			<u> </u>		_	_							
		1											
								F1 001					
1b Sub-total								71,221.		0.		2,2	
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								71,221.		0.		2,2	84.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100	,000 of reportab	le			0
compensation from the organization												Yes	0 N o
0 Dilli										ı		res	NO
3 Did the organization list any former officer,				•		•		•					v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su									the organization		4		Х
and related organizations greater than \$15											4		
5 Did any person listed on line 1a receive or a	=				-			-		,	-		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J i	Or Si	ucn	pers	SOII .					5		21
<u> </u>	mneneated in	don	anda	nt c	Op+-	ranta	ore 4	that received more than	\$100 000 of oon		ation 4	rom	
1 Complete this table for your five highest co the organization. Report compensation for										ihei 12	auom	10111	
(A)	trie caleridar y	Cai	eriui	ng v	VILII	OI W	1	(B)	year.		(0	<u>.,</u>	
Name and business	address	N	INC	3				Description of s	ervices	С		יי nsatio	n
							\dashv	•					
							\dashv						
							\dashv						
							\neg			,			
							\perp						
 Total number of independent contractors (\$100,000 of compensation from the organi 	-	ot li	mite	d to	tho (se li: 0	stec	d above) who received m	nore than				
												200	

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Pa	rt VI			5			
		Check if Schedule O contains a	response or note to any li			(C)	
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	bc c d	1b	3,059,194.	5,371.		
Д		f All other program service revenue		5 254			
	3 4 5	Investment income (including divide other similar amounts) Income from investment of tax-exen	ends, interest, and npt bond proceeds	5,371. 89,811.			89,811.
	6 a	a Gross rents b Less: rental expenses c Rental income or (loss)	i) Real (ii) Personal				
			ecurities (ii) Other				
	(b Less: cost or other basis and sales expenses 57	,668.	15,888.			15,888.
Other Revenue		a Gross income from fundraising ever including \$ 148,822. contributions reported on line 1c). S Part IV, line 18 b Less: direct expenses	of see a 28,851.				
0		c Net income or (loss) from fundraisin		-59,810.			-59,810.
		a Gross income from gaming activities Part IV, line 19 b Less: direct expenses	s. Seea				
		c Net income or (loss) from gaming ac					
	10 a	Gross sales of inventory, less return and allowances Less: cost of goods sold	s a				
		c Net income or (loss) from sales of in					
		Miscellaneous Revenue	Business Code				
	11 a	a					
		b					
		All other revenue					
		d All other revenue					
	12	e Total. Add lines 11a-11d		3,110,454.	5,371.	0.	45,889.
			·····	- , == - , = = = •	- / •		,

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundráisina 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 6,236. 6,236. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 116,381. 87,286. 17,457. 11,638. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 942,965. 768,786. 59,365. 114,814. Other salaries and wages 7 Pension plan accruals and contributions (include 7,880. 6,368 557 955. section 401(k) and 403(b) employer contributions) 72,737. 58,778. 5,143. 8,816. Other employee benefits 9 76,907. 95,174. 6,730. 11,537. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 13,369. 5,900. 4,519. 2,950. Accounting Lobbying Professional fundraising services. See Part IV, line 17 7,028. 7,028. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 13,305. 6,653. 2,203 4,449. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 6,765. 2,115. 3,856. 794. Office expenses 13 25,135. 2,591. 9,086. 13,458. Information technology 14 15 Royalties 16 Occupancy 2,538. <u>151.</u> 2,054. 333. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 170. 869. 283. 416. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 96,318. 86,686. 4,816. 4,816. Depreciation, depletion, and amortization 22 20,838. 18,850. 994. 994. 23 Other expenses. Itemize expenses not covered 24 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.) 172,528. 172,528. DONATED FOOD RAPID REHOUSING 93,230. 93,230. 46,572. 42,542. UTILITIES 2,015. 2,015. REAL ESTATE TAXES 44,979. 41,033. 1,973. 1,973. 103,156. 21,709. 30,782. 155,647. SEE SCH O e All other expenses 1,940,494. 1,581,982. 148,200. 210,312. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2015) Part X Balance Sheet

Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	(A) Beginning of year 324,256. 444,607. 23,607. 19,703. 2,449,517. 1,188,851.	1 2 3 4 5 5 6 7 8 9 10c 11 12 13	(B) End of year 191,214. 788,198. 2,626. 42,667. 2,423,672. 2,063,628.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intengible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	19,703. 2,449,517. 1,188,851.	2 3 4 5 6 7 8 9 10c 11 12 13	191,214. 788,198. 2,626. 42,667.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intengible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	19,703. 23,449,517. 1,188,851.	2 3 4 5 6 7 8 9 10c 11 12 13	788,198. 2,626. 42,667. 2,423,672.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intengible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	19,703. 2,449,517. 1,188,851.	3 4 5 6 7 8 9 10c 11 12 13	42,667.
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. Add lines 1 through 15 (must equal line 34)	19,703. 2,449,517. 1,188,851.	5 6 7 8 9 10c 11 12 13	42,667.
Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	5 6 7 8 9 10c 11 12 13	2,423,672.
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	6 7 8 9 10c 11 12 13	2,423,672.
Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	6 7 8 9 10c 11 12 13	2,423,672.
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	2,449,517. 1,188,851.	6 7 8 9 10c 11 12 13	2,423,672.
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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	7 8 9 10c 11 12 13	2,423,672.
employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	7 8 9 10c 11 12 13	2,423,672.
employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	7 8 9 10c 11 12 13	2,423,672.
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	7 8 9 10c 11 12 13	2,423,672.
Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	8 9 10c 11 12 13	2,423,672.
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	9 10c 11 12 13	2,423,672.
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	2,449,517. 1,188,851.	10c 11 12 13	2,423,672.
basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	1,188,851.	11 12 13	2,423,672. 2,063,628.
Less: accumulated depreciation 10b 1,111,757. Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	1,188,851.	11 12 13	2,423,672. 2,063,628.
Less: accumulated depreciation 10b 1,111,757. Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	1,188,851.	11 12 13	2,423,672. 2,063,628.
Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)		12 13	2,063,628.
Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)		13	
Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)			
Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)		امدا	
Total assets. Add lines 1 through 15 (must equal line 34)		14	
		15	
Accounts payable and accrued expenses	4,450,541.	16	5,512,005.
	106,479.	17	138,899.
Grants payable	60 500	18	44 668
Deferred revenue	62,500.	19	41,667.
Tax-exempt bond liabilities	11 074	20	44 252
Escrow or custodial account liability. Complete Part IV of Schedule D	11,274.	21	11,373.
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	
			
		24	
, , ,			
	0		1 100
			1,100. 193,039.
	100,233.	26	133,033.
	1 252 063	07	5,273,661.
		_	45,305.
Demonstration and instruction	10,225.	_	43,303.
· · · · · · · · · · · · · · · · · · ·		29	
		20	
		_	
		_	
Paid-in or capital surplus, or land, building, or equipment fund			
	4,270,288.	32	5,318,966.
	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds	Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 18 , 225 ⋅ 28 Organizations that do not follow SFAS 117 (ASC 958), che

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>							
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)		3,11 1,94						
3	Revenue less expenses. Subtract line 2 from line 1	3	1,16	9,9	60.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,27	0,2	88.				
5	5 Net unrealized gains (losses) on investments 5								
6									
7	7 Investment expenses 7								
8									
9									
10									
Pa	rt XII Financial Statements and Reporting								
Check if Schedule O contains a response or note to any line in this Part XII									
	·			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	2-		x				
L	Act and OMB Circular A-133?	irod oudit	3a						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits									
	or addits, explain wity in outleddie o and describe any steps taken to dildergo such addits		3b Form	990	(2015)				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-1571849

Name of the organization

CARPENTER'S SHELTER. INC.

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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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). 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. 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. ☐ 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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.)

360	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2135168.	2075886.	2154708.	1972970.	2011871.	10350603.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	2135168.	2075886.	2154708.	1972970.	2011871.	10350603.					
	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)						746,101.					
6	Public support. Subtract line 5 from line 4.						9604502.					
Section B. Total Support												
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
	Amounts from line 4	2135168.	2075886.	2154708.	1972970.	2011871.	10350603.					
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources	14,475.	33,369.	57,903.	63,270.	89,811.	258,828.					
9	Net income from unrelated business	,	,	,			,					
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)				2,694.		2,694.					
11	Total support. Add lines 7 through 10				,		10612125.					
12	Gross receipts from related activities,	etc. (see instruction	ons)				,413,854.					
13	First five years. If the Form 990 is for	•	,				· · ·					
	organization, check this box and stop	-			•		>					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				,					
	Public support percentage for 2015 (I			olumn (f))		14	90.50 %					
15	Public support percentage from 2014					15	88.57 %					
16a	33 1/3% support test - 2015. If the d					nore, check this bo	ox and					
	stop here. The organization qualifies	as a publicly supp	orted organization				X					
b	33 1/3% support test - 2014. If the o											
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation								
17a	10% -facts-and-circumstances tes											
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the orgar	nization					
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶ □					
b	10% -facts-and-circumstances tes											
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	e					
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	anization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s					

Schedule A (Form 990 or 990-EZ) 2015

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization'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						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
r.	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		.				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	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.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d. fourth, or fifth ta	ax vear as a sectic	n 501(c)(3) organiz	ation.
					•		▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve					1 1	
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2015. If the						
130	more than 33 1/3%, check this box a						
L	33 1/3% support tests - 2014. If the						
Ĺ	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	лт ини пос спеск а	DUX UIT III IE 14, 19	a, or 190, check th	iiis dux and see ins	อน นบนปกรี	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
30		
3с		
4a		
4b		
4c		
5a		
51		
5b 5c		
30		
6		
_		
7		
8		
8		
9a		
_		
9b		
9c		
10a		
104		
10b		
m 990 or 9	90-EZ	2015

Pai	TT IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
	tion 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			
		4		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	.)	
2	Activities Test. Answer (a) and (b) below.	140110110	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	·	Za		
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	0:		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	art 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 or	n Nov. 20, 1970. See instru	uctions. All		
	other Type III non-functionally integrated supporting organizations must con	mplete S	Sections A through E.			
Sect	ion 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				
Sect	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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	y-integra	ited Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

Par	1 v Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
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 t	the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
secti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а	, , ,			
b				
С				
d	From 2013			
	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

54-1571849 CARPENTER'S SHELTER, INC.

Organiza	Organization type (check one):					
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
		7), (o), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, 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 \ \bigsim \frac{1}{2} \int \frac{1}					
		at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,056,323.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 291,276.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 154,110.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 145,833.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CARPENTER'S SHELTER, INC.

54-1571849

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		 \$	990 990-EZ or 990-PF) (2015				

Employer identification number

Name of organization

1	ER'S SHELTER, INC. Exclusively religious, charitable, etc., con	tributions to organizations described	54-15718 Fin section 501(c)(7), (8), or (10) that total more th
	the year from any one contributor. Complete	columns (a) through (e) and the follow	wing line entry. For organizations
	completing Part III, enter the total of exclusively religion		r less for the year. (Enter this info. once.)
П	Use duplicate copies of Part III if addition	lai space is needed.	
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i
			+
		(e) Transfer of gif	t
	Transferee's name, address, a	and 7ID : 4	Polotionship of transferor to transfero
	fransièree's flame, audress, a	IIIU ZIP + 4	Relationship of transferor to transfere
-			
_			
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i
l			
		(a) Tuesday of aif	
		(e) Transfer of gif	τ
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere
			·
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i
_		(a) Transfer of air	
		(e) Transfer of gif	ι
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere
		<u> </u>	
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i
_	-		
_			
		(a) Transfer of gif	<u> </u>
		(e) Transfer of gif	
	Transferee's name, address, a		it Relationship of transferor to transfere
	Transferee's name, address, a		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARPENTER'S SHELTER, INC.

Employer identification number 54-1571849

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of		
Day	impermissible private benefit?		
Par		-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation accoments during the year
7	\$	alling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(b)(4)(B)(i)
o	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	tion's inanolal statements that describes	s the organization 3 accounting for
Par	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	,1
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		J , [
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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

	t III Organizations Maintaining C	ck a anculi		eacures or Oth	or Sim		11043	
	9							
3	Using the organization's acquisition, accessing	on, and other record	s, check any of the	following that are a	significan	t use of its	collection ii	ems
	(check all that apply):		— .					
a								
b								
С	Preservation for future generations							
4	Provide a description of the organization's co					oose in Par	t XIII.	
5	During the year, did the organization solicit o						٦ .	
Day	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arran	-	te if the organizatio	n answered "Yes" o	on Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi						٦.,	v
	on Form 990, Part X?					∟	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			1		
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year				<u>1e</u>			
f	Ending balance				1f			
	Did the organization include an amount on Fo					LX	Yes	No
	If "Yes," explain the arrangement in Part XIII.							X
Par	t V Endowment Funds. Complete in				1			
		(a) Current year	(b) Prior year	(c) Two years back				
	Beginning of year balance	2,568,485.	2,561,108.	, ,	 	468,087.	2,5	08,326.
b	Contributions	1,225,821.	53,985.	· · · · · ·	+	102,011.		7,251.
	Net investment earnings, gains, and losses	-24,132.	9,066.	,	+	89,433.		8,984.
d	Grants or scholarships	6,236.	4,722.	18,929		10,063.		11,322.
е	Other expenditures for facilities							
	and programs	105,637.	50,952.	153,103		116,964.		45,152.
f	Administrative expenses							
g	End of year balance	3,658,301.	2,568,485.	2,561,108	. 2,	532,504.	2,4	68,087.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	98.76	_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	1.24 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the orgar	nization		
	by:						Y	
	(i) unrelated organizations						3a(i)	X
	The state of the s						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumula	ted	(d) Book v	alue
		basis (investm	nent) basis	(other) d	epreciatio	n		
1a	Land			5,000.			895,	,000.
	Buildings			4,273.	925,3		1,208,	961.
	Leasehold improvements		39	1,734.	163,3	385.	228	349.
	Equipment		11	4,422.	23,0	060.		362.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		🕨	2,423,	672.

Schedule D (Form 990) 2015 CARPENTER'S	SHELTER,	INC.			54-	-157184	9 _{Page}
Part VII Investments - Other Securities.							
Complete if the organization answered "Yes"							
(a) Description of security or category (including name of security)	(b) Book valu	e (0) Method of v	aluation: Co	ost or end	-of-year marke	t 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"							
(a) Description of investment	(b) Book valu	e (d) Method of v	aluation: Co	ost or end	-of-year marke	t value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)							
Part IX Other Assets.							
Complete if the organization answered "Yes"	on Form 990, Part	IV, line 11d. S	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) lin	e 15.)						
Part X Other Liabilities.							
Complete if the organization answered "Yes"	on Form 990, Part	IV, line 11e o	· 11f. See Forr	n 990, Part	X, line 25.		
1. (a) Description of liability	·		ok value				
(1) Federal income taxes							
(2) SECURITY DEPOSIT			1,100.				
(3)							
(4)		1		1			

(5) (6) (7) (8) 1,100. 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 X

-81,634.

3,110,454.

7,028

4c

5

Sche	dule D (Form 990) 2015 CARPENTER'S SHELTER, INC.		54-	1571849 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	3,093,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	-121,282.		
b	Donated services and use of facilities 2b	22,830.		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	-98,45
3	Subtract line 2e from line 1		3	3,192,088
4	Amounto included on Form 000 Port VIII line 10 but not on line 1.			

Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	2,044,958.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	22,830.				
b	Prior year adjustments	2b					
С		2c					
d		2d					
е	Add lines 2a through 2d			2e	22,830.		
3	Subtract line 2e from line 1			3	2,022,128.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,028.				
b	Other (Describe in Part XIII.)	4b	-88,662.				
С	Add lines 4a and 4b			4c	-81,634.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,940,494.		

Part XIII Supplemental Information.

Other (Describe in Part XIII.)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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:

THE SHELTER MAINTAINS A SEPARATE CASH ACCOUNT IN WHICH CASH IS HELD ON BEHALF OF RESIDENTS. THESE FUNDS ARE EXCLUSIVELY HELD FOR THE RESIDENTS AND ARE NOT AVAILABLE TO PAY THE SHELTER'S EXPENSES. THESE AMOUNTS ARE REFLECTED AS BOTH AN ASSET AND A LIABILITY OF THE SHELTER ON THE STATEMENT OF FINANCIAL POSITION. DEPOSITS AND WITHDRAWALS ARE MADE AT THE DISCRETION OF EACH PARTICIPATING RESIDENT.

PART V, LINE 4:

THE SHELTER HAS DESIGNATED VARIOUS UNRESTRICTED FUNDS IN RESERVE FOR BUILDING AND HOUSING PURPOSES. ADDITIONALLY IT HOLDS TEMPORARILY

RESTRICTED FUNDS FOR SCHOLARSHIPS AND PURPOSES ASSOCIATED WITH THE

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

CARPENTER'S SHELTER, INC. 54-1571849 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 CARPENTER'S SHELTER, INC. 54-1571849 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events RUN FOR (add col. (a) through SHELTER 1 COOK-OFF col. (c)) (event type) (event type) (total number) Revenue 42,806. 177,673. 126,750. 8,117. 1 Gross receipts 116,475 24,230. 8,117. 148,822. 2 Less: Contributions 10,275. 18,576. 28,851. **3** Gross income (line 1 minus line 2) 4 Cash prizes 32,157. 32,157. 5 Noncash prizes Direct Expenses 8,500. 8,500. 6 Rent/facility costs 507. 25,257. 24,750. 7 Food and beverages 250. 250. 8 Entertainment 22,497. 9 Other direct expenses 8,302. 88,661. **10** Direct expense summary. Add lines 4 through 9 in column (d) -59,810. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2015

b If "Yes," explain: ___

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sch	edule G (Form 990 or 990-EZ) 2015 CARPENTER'S SHELTER, INC. 54-	1571849	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No 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:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• • •	Enter the hame and dad one of the person time propared the organization organization of garming, openial 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
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	Fig. 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		
	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
k	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 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
_			

Schedule G	i (Form 990 or 990-EZ)	CARPENTER'S	SHELTER,	INC.	54-1571849 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
	•••	,			

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Open to Public OMB No. 1545-0047 Inspection

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

			HOLL SOLICUME			The second secon	5		
Name o	Name of the organization CARPENTER'S	R'S SHELTER	ER, INC.					Employer identification number $54-1571849$	on number 71849
Partl	General Information on Grants and Assistance	and Assistance							
-	Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
٥	criteria used to award the grants or assistance?	istance?						Yes	¥ ×
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	itoring the use of grant	t funds in the Unite	d States.				
PartII	_	Domestic Organ	izations and Domesti	ic Governments.	Complete if the orga	anization answered "\	res" on Form 990, Pan	t IV, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if addit	tional space is nee	ded.	3 T - TH- V W (3)			
1 (a	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method or valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	he line 1 table				A	0
в	Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					•	0
LHA F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2015)	990) (2015)

Page 2

54-1571849

Schedule I (Form 990) (2015) CARPENTER'S SHELTER, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIP	ιΩ	6,236.	0	0.FMV	N/A
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information.	
שי טי טי געריטא		9%			Schodulo I (Exem 000) (2015)
532102 10-28-15)			Schedule I (Form 990) (2015)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

CARPENTER'S SHELTER, INC.

Employer identification number 54-1571849

Pai	rt I Types of Property						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
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	999	172,528.	REPLACEMENT	s cosi	rs
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			60 252			
25	Other (ITEMS FOR COO)	X	999	69,3/3.	FAIR MARKET	VALUE	<u> </u>
26	Other (ITEMS FOR RUN)	Х	4,000	507.	FAIR MARKET	VALUE	2
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization		-				
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29			Τ.,
20-	Division the constraint the constraint was in the	والمرابعة المارية		and a lin Double lines of the con-	-b 00 4b -4 i4	Yes	No
30a	During the year, did the organization receive by				-		
	must hold for at least three years from the date					20-	x
	exempt purposes for the entire holding period?	·				30a	12
	If "Yes," describe the arrangement in Part II.	a aliay that w	aguiraa tha rayiayy	of any non atondard contrib	utional	31 X	
31	Does the organization have a gift acceptance p	-	•	•		31 X	+
32a	Does the organization hire or use third parties of contributions?		-			220	x
h	contributions? If "Yes," describe in Part II.					32a	+**
33	If the organization did not report an amount in	column (c) f	or a type of propo	rty for which column (a) is ch	necked		
33	describe in Part II.	COIGITIII (C) I	or a type or prope	rty for writer column (a) is cr	iconcu,		
	UESCHINE III FAIL II.						

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

Schedule M (Form 990) (2015)

532142 08-21-15

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Schedule M (Form 990) (2015)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARPENTER'S SHELTER, INC.

Employer identification number 54-1571849

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION AND ADVOCACY.

FORM 990, PART VI, SECTION A, LINE 4:

THE AUDIT FUNCTION HAS BEEN ASSIGNED TO A STANDALONE COMMITTEE, RATHER THAN BEING A RESPONSIBILITY OF THE FINANCE COMMITTEE. AN OVERVIEW OF EACH COMMITTEE IS AS FOLLOWS:

THE AUDIT COMMITTEE ASSISTS THE BOARD OF DIRECTORS IN FACILITATING A INDEPENDENT AUDIT OF THE FINANCIAL OPERATIONS AND REPORTING, OUALIFIED, OVERSEEING REMEDIAL ACTIONS TO ADDRESS ANY FINDINGS OR RECOMMENDATIONS RESULTING FROM THE AUDIT, AND IN EVALUATING CARPENTER'S SHELTER'S INTERNAL CONTROLS.

THE FINANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE PROPOSED ANNUAL BUDGET AND PERFORMANCE AGAINST THE APPROVED BUDGET; ENSURING THAT ACCURATE, TIMELY, AND MEANINGFUL FINANCIAL STATEMENTS ARE PREPARED AND PRESENTED TO THE BOARD; ENSURING COMPLIANCE WITH FEDERAL, STATE, AND OTHER REQUIREMENTS RELATED TO CARPENTER'S SHELTER'S FINANCES; AND OVERSEEING INVESTMENTS AND OTHER FINANCIAL ACTIVITIES.

THE AUDIT COMMITTEE CONSISTS OF A CHAIR AND AT LEAST 2 OTHER MEMBERS WITH RELEVANT PROFESSIONAL OR TECHNICAL EXPERIENCE, OF WHICH AT LEAST ONE SHALL BE A BOARD MEMBER. NO INDIVIDUAL WITH RESPONSIBILITY FOR THE PREPARATION THE CARPENTER'S SHELTER'S FINANCIAL STATEMENTS OR WITH SIGNING AUTHORITY ON A CARPENTER'S SHELTER ACCOUNT MAY BE A MEMBER OF THE AUDIT COMMITTEE.

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

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization CARPENTER'S SHELTER, INC.

Employer identification number 54-1571849

THE FINANCE COMMITTEE WILL BE CHAIRED BY THE BOARD'S TREASURER, AND WILL

INCLUDE OTHER MEMBERS (WHO MAY BE BOARD MEMBERS OR NON-BOARD MEMBERS) WHO

HAVE RELEVANT FINANCIAL KNOWLEDGE.

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

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW BEFORE IT WAS FILED.

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

THE ORGANIZATION HAS A DETAILED CONFLICT OF INTEREST POLICY COVERING THE
BOARD MEMBERS AND THE EXECUTIVE DIRECTOR. ANNUALLY A DISCLOSURE STATEMENT
AND AN AFFIRMATION OF COMPLIANCE MUST BE FILED BY EACH COVERED PARTY. THE
EXECUTIVE DIRECTOR OF THE ORGANIZATION FILES AND MAINTAINS ALL DISCLOSURE
QUESTIONNAIRES AND AFFIRMATION OF COMPLIANCE, REPORTING RESULTS TO THE
GOVERNANCE COMMITTEE.

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

THE EXECUTIVE COMMITTEE PERIODICALLY SURVEYS THE INDUSTRY BENCHMARK REPORTS
FOR APPLICABLE SALARY LEVELS. THE TREASURER THEN REVIEWS AND PRESENTS TO
THE BOARD AN AMOUNT RELEVANT TO AN EMPLOYEE'S SALARY.

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

THE ORGANIZATION MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS

WEBSITE AND TO THE PUBLIC UPON REQUEST. IT MAKES ITS GOVERNING AND CONFLICT

OF INTEREST POLICY AVAILABLE TO THE PUBLIC AND TO THE EXTENT REQUIRED TO DO

SO DUE TO GOVERNMENT FILING REQUIREMENTS.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

0653-002

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CARPENTER'S SHELTER, INC.	Employer identification number 54-1571849
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	41,277.
MANAGEMENT AND GENERAL EXPENSES	2,127.
FUNDRAISING EXPENSES	271.
TOTAL EXPENSES	43,675.
SUPPLIES AND MATERIALS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	21,103.
TOTAL EXPENSES	21,103.
TELEPHONE :	
PROGRAM SERVICE EXPENSES	9,085.
MANAGEMENT AND GENERAL EXPENSES	4,670.
FUNDRAISING EXPENSES	4,075.
TOTAL EXPENSES	17,830.
PURCHASED FOOD AND FOOD SUPPLIES :	
PROGRAM SERVICE EXPENSES	17,765.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,765.
RESIDENT SUPPLIES:	
PROGRAM SERVICE EXPENSES	14,995.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
532212 09-02-15 4.1	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CARPENTER'S SHELTER, INC.	Employer identification number 54-1571849
TOTAL EXPENSES	14,995.
BANKING AND CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	434.
MANAGEMENT AND GENERAL EXPENSES	10,149
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,583.
PRINTING:	
PROGRAM SERVICE EXPENSES	4,823
MANAGEMENT AND GENERAL EXPENSES	1,580
FUNDRAISING EXPENSES	1,638
TOTAL EXPENSES	8,041.
PERSONNEL:	
PROGRAM SERVICE EXPENSES	3,266
MANAGEMENT AND GENERAL EXPENSES	1,000.
FUNDRAISING EXPENSES	2,806
TOTAL EXPENSES	7,072.
TRANSPORTATION:	
PROGRAM SERVICE EXPENSES	6,302
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	6,302
POSTAGE:	
PROGRAM SERVICE EXPENSES	1,489.
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015

Name of the organization CARPENTER'S SHELTER, INC.	Employer identification number 54-1571849
MANAGEMENT AND GENERAL EXPENSES	1,359.
FUNDRAISING EXPENSES	814.
TOTAL EXPENSES	3,662.
RESIDENT ACTIVITIES:	
PROGRAM SERVICE EXPENSES	3,534.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,534.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	186.
MANAGEMENT AND GENERAL EXPENSES	824.
FUNDRAISING EXPENSES	75.
TOTAL EXPENSES	1,085.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 155,647.
FORM 990, PART XI, LINE 2C	
THE SHELTER HAS NOT CHANGED THIS PROCESS FROM THE PRIOR Y	EAR. THE
AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE A	UDIT AND THE
SELECTION OF THE INDEPENDENT AUDITORS.	

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