

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

•	Depa Inter	artment of nal Reven	the Treasury ue Service		► The organization may	have to use a copy of thi	s return to satisfy s	tate reportin	g requirem	ents	Ope	n to Public	: Insp	pection
		For the	2009 calend	dar year, o	or tax year beginning	Jul 1	, 2009, ar	d ending	Jun	30		,2010		
	В	Check if a	pplicable		C Name of organization					D Employ	er Identi	fication Numb	oer	
		Addr	ess change	Please use IRS label	Interfaith Re			s			484			
		Nam	e change	or print or type.	Number and street (or	PO box if mail is not deli	vered to street addr)	Room/suit	te	E Telepho	ne numb	oer		
		Initia	l return	See specific	4385 Maryland	i Avenue				(314	1) 5:	35-1919	<u> </u>	
		Term	unation	Instruc- tions	City, town or country		State ZII	P code + 4						
		Ame	nded return		St. Louis		MO 6	3108		G Gross receipts \$ 4,611,396.				
		Appl	ication pending	F Name a	and address of principal offic	er		1		group return		liates?	Yes	X No
					Cooper 4385 Maryl	and Ave. St. Lo	uis MO6	3108		affiliates incli attach a list		tructions)	Yes	∐ No
	<u>I</u>	Tax-e	xempt statu	s X 501	(c) (3) ((ins	ert no.) 494	7(a)(1) or	527						
	<u>J</u>	Webs	ite: 🕨 ww	_	wayshousing.c	org				exemption nu				
	<u>K</u>		f organization	X Corpora	ation Trust Ass	ociation Other►	L Year	of Formatio	n 1988	3 M/s	tate of le	egal domicile	МО	
	Pa	rt! 'a :												
					anızatıon's mıssıon o es designed to					tinuum		This		
	9				conviction tha									
	ī.	-	ost-eff	ective	and compassion	nate approac	h to the ti	reatme	nt and	manag	emer	t of HI	v/z	ATDS.
	& Governance				if the organization dis									
	ğ				bers of the governing						3 .	24		
	98				t voting members of t	ne governing body (f	Part VI, line 1b)					24		
	¥				yees (Part V, line 2a)	>					_	46		
2011	Activities				eers (estimate if nece Jusiness revenue from		T) upo 12				6 7a	100		0.
2	•				taxable income from						7b			0.
8		<u> </u>	ot alliciated	<u> </u>	taxable income nom	1 0/11/1 550 17 11/10 0 1			Р	rior Year		Curre	nt Ye	
		8 C	ontributions	and gran	ts (Part VIII, line 1h)				-	,179,4	45.			502.
SCANNED MAR	Revenue			-	ue (Part VIII, line 2g)					279,4				349.
	eVe!	10 Ir	nvestment in	come (Pa	rt VIII, column (A), lir	nes 3, 4, and 7d)				-24,7				484.
2	Œ	11 C	ther revenue	e (Part VI	II, column (A), lines 5	, 6d, 8c, 9c, 10c, an	d 11e)			88,1				651.
11.		12 T	otal revenue	- add lir	nes 8 through 11 (mus	t equal Part VIII, co	umn (A), line 1	2)		<u>,522,3</u>				684.
Z		1			ounts paid (Part IX, co	* * *			2	<u>,456,9</u>	25.	2,1	.82,	211.
4		1			members (Part <u>IX, col</u>									
S.	စ္				isation, employee ber		(A), lines 5-1	0)	1	,705,5	15.	1,6	04,	596.
B.	ST3	16a P	rofessional 1	fundraisin	g fees (Part IX, colum	ın-(A),- line 11e)	ได้ไ		2 36.4	s suid ware				* 6 - X* :
	Ехрепзез				nses (Part IX, celegnin		O 269	,425.	科鲁公	SAME A	\$**. , j		2: 1	<u> </u>
	ш	17 C	ther expens	es (Part I	X, column (A), 🔀 1	la-11d, 11f-24f)	(O)			708,1	53.	- 6	66,	203.
					nes 13-17 (must equa		<u></u>		4	,870,5	93.	4,4	53,	010.
		19 R	evenue less	expenses	Subtract line 8 fro	TOSPEN U	T		ļ	-348 , 2	42.		49,	674 <u>.</u>
	ate of				<u>L</u>					ning of Y		End o		
	100	20	otal assets (4	,949,1				447.
	Net Asser Fund Bata	21 ⊤	otal liabilitie	s (Part X,	line 26)					616,9	79.	5	74,	541.
					nces Subtract line 2	from line 20			4	,332,1	29.	4,4	25,	906.
	Pa	ırtill 🍪		ure Bloc										
			Under penaltie	s of perjuty,	I declare that I have examin Declaration of preparer (of	ed this return, including ac ner than officer) is based o	companying schedul n all information of v	es and state	ments, and er has any l	to the best o	f my kno	wiedge and b	elief, i	t is
	۵.			APN/	I/I/I	•		•	1		_	2011		
	Sig He	gn re	Signature	of officer	vv v X				_Da			D .		
	пс	16			() DOES	IDENT			, , ,					
			Lynne Type or pr	int name an		7,00,77								
			7,				Date	<u> </u>		neck if	Pr	eparer's identi	fying r	number
	Pa	id	Ì						se		(se	ee instructions	i)	
	Pre		Preparer's signature	>							7			
		rer's	Firm's name (or .										
	Us		yours if self-					.	EI	N >				
	Ur	Only employed), address, and ZIP + 4								Phone no				
	Mar	the IR		ıs return v	vith the preparer show	n above? (see instri	uctions)					X Yes		No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/20/09



Form 990 (2009)

Forn	m 990 (2009) Interfaith Residence d/b/a Doorways	43-1	48427	9		Page 2
Pa	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					
	Interfaith Residence dba Doorways provides affordable secure					- - -
	housing and related supportive services to people living with HI	V/AIDS	:			
	See Form 990, Page 2, Part III, Line 1 (continued)		. _			
2	Did the organization undertake any significant program services during the year which were not listed on th	e 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 service	es ⁷		Yes	\mathbf{x}	No
_	If 'Yes,' describe these changes on Schedule O.				ت	
4		v expense:	s Section	on 501	(c)(3)	
·	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported	llocations	to other	s, the	total	
4:	a (Code.) (Expenses \$ 3,886,991. including grants of \$ 2,182,211.) (F	Revenue	\$	27	2,3	49.)
	Interfaith Residence provided affordable housing, subsidized				•	
	rent and housing advocacy in Missouri and Illinois for					
	persons who are ill as a result of HIV disease (AIDS)					
	berroup and are till as a result of mix disease [wind]					
				-		
				- 		
			-			
						-
41	b (Code) (Expenses \$ including grants of \$) (F	Pavanua	¢			`
	b (Code) (Expenses ψ) (including grants of ψ) (including grants of ψ)	(everiue	Ψ			—′
						-
						-
			_ _			
			^			
4	c (Code:) (Expenses \$ including grants of \$) (F	Revenue	۶ <u></u>)
						-
						- -
			-			
	d Other program services (Describe in Schedule O)					
4(· ·				`	
_	(Expenses \$ including grants of \$) (Revenue \$ e Total program service expenses ► 3,886,991.				<u> </u>	
40	e Total program service expenses ► 3,886,991.					

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	,	23	
•	• 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			***
	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			
•	 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 	:	,	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	,	, →,, ∢	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No			- 1
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	1 5 3	Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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 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,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Form 990 (2009) Interfaith Residence d/b/a Doorways
Part IV Checklist of Required Schedules (continued)

		T	Yes	No
			163	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	x	
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
١	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation 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		Х
-	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		_x
1	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Forn	n 990 ((2009)

_		_		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.	245			* . ;
	Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b.	345			1
	Little the Hamber of Collis V. Za moradea IV mile to Zine. C. Milet approach	·· -			`
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c	X	
2 2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the		¥7.	-	
	calendar year ending with or within the year covered by this return	46	37 13		، " حشد دده
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax re-		2b	_X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ii		: .l.
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover this return?	ed by	3a		Х
b	of Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over, a account)?	4a		Х
b	olf 'Yes,' enter the name of the foreign country				`
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Financial Accounts	Bank and	* * *		د سگئی ۔
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Req Tax Shelter Transaction?	garding Prohibited	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible?	the organization	6a		х
	If 'Yes,' did the organization include with every solicitation an express statement that such contribut deductible?	ions or gifts were not	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		á	, 6, ,	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo provided to the payor?	r goods and services	7a	., Х	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7ь	Х	
C	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7с		х
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			ä	
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	personal	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor	ntract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g	·	
ŀ	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exholdings at any time during the year?	nizations. Did the cess business	8	,	×
9	Sponsoring organizations maintaining donor advised funds.		3		
	a Did the organization make any taxable distributions under section 4966?		9a		
k	Did the organization make any distribution to a donor, donor advisor, or related person?		9ь		
	Section 501(c)(7) organizations. Enter:		. 1		
á	a Initiation fees and capital contributions included on Part VIII, line 12			3, 3	
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		, <u>, </u>	*** **	
11	Section 501(c)(12) organizations. Enter:	1	`."	, l	
_	a Gross income from other members or shareholders 11a				🐺 🤃
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		Å		» «د. ساد
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
ŀ	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u></u>	3.00		` `

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.

Sec	tion A.	Governing B	ody and N	anageme	ent									
				·									Yes	No
1 a	Enter the r	number of voting	members of	the governing	ng body				-	24			2.8	93 7
		number of voting		•						24				
2	Did any off officer, dire	ficer, director, tru ector, trustee or l	stee, or key key employe	employee h e [?]	ave a fa	amıly relatı	onship or a bu	siness rela	ations	hip with	any other	1	2	X
3	Did the org	anızatıon delega directors or trus	te control ov tees, or key	er managen employees t	nent dut to a mar	ties custom	narily performe company or ot	d by or un her persor	nder th	ne direct	supervision	on :	3	x
4	-	anization make	, ,	nt changes t	to its org	ganızatıona	al documents						1	х
_		orior Form 990 w			of o	torial divis	rains of the arr		'a ass	oto?			5	v
5		janization becom organization have		,		iteriai uive	ision of the or	yanızanon	5 055	eis'			3	$\frac{x}{x}$
6		•					bo may alaa			omboro	of the	<u> </u>	'	+~
	governing l	-									or the	⊢	7a	X
	•	ecisions of the go		•		-						<u> </u>	7b -∴ }	<u> </u>
8	Did the org the following	ganization conter ng	nporaneously	/ document	the mee	etings held	or written acti	ons underl	taken	during t	he year by	دهاهٔ	La	, me vai
	The govern											<u> </u>	Ba X	┼
		mittee with autho	•		_								3b X	
9		y officer, directo on's mailing addr	ess? If 'Yes,	' provide the	names	and addre	esses in Sched	lule O					9	x
		Policies (Ti	ns Sectioi	า B reque:	sts info	ormation	about polic	cies not	requ	ured by	y the Int	ernal		
Reve	enue Code)													т
40.	D		11										Yes	+
		organization have	•)a	<u> </u>
	and branch	es the organizatines to ensure the	ir operations	are consist	tent with	those of t	the organizatio	n ²				1)b	ļ
		ganization provid					-		efore	filing the	e form?	1		382 7 .
		n Schedule O the			_	_		Form 990					(왕) () No. 1 37	-%;;
		organization have				-	-		hat ar	مرسم اماريد		<u> </u>	2a X	
	to conflicts				·		_						2b X	—
C	Does the o Schedule (organization regu O how this is dor	larly and cor e	sistently mo	onitor an	nd enforce	compliance wi	th the poli	icy? If	f 'Yes,' a	lescribe in	1	2c X	1
		organization have										1		
		organization have										1	4 X	
15	Did the propersions, co	ocess for determi omparability data	ning comper a, and conte	isation of the nporaneous	e followi substar	ing person ntiation of	is include a rev the deliberatio	riew and a n and deci	approv Ision?	al by in	dependent			, , , , , , , , , , , , , , , , , , , ,
а	The organi	ization's CEO, Ex	ecutive Dire	ctor, or top	manage	ment offici	ıal					_	5a X	∔
b		ers of key emplo	•	•								1	5b	<u> </u>
		line 15a or 15b, o		•		-	•							
16 a		ganization investing the year?	ın, contribut	assets to,	or partic	cipate in a	joint venture of	or similar a	arranç	gement v	with a taxa		6a	<u>x</u>
b	in joint ver	is the organization nture arrangement respect to such	its under app	olicable fede	cy or pro eral tax l	ocedure real law, and ta	quiring the org aken steps to s	anızatıon t afeguard t	to eva the or	aluate its ganizati	s participat on's exem	pt		
Sec		Disclosures	<u> </u>	-								•	· -	
17	List the sta	ates with which a	copy of this	Form 990 is	s require	ed to be file	ed ►							
18	Section 61 inspection.	04 requires an o	rganization t u make thes	o make its F e available	Forms 10 Check a	023 (or 102 all that app	24 if applicable bly.	e), 990, an	nd 990)-T (501	(c)(3)s onl	y) avaıla	ole for p	oublic
	X Own w		X Another			ш .	request							
	statements	n Schedule O wh s available to the	public											ncial
		name, physical a												
•	Lynne l	M. Cooper	43	85 Maryland	d Avenue	e <u>, St]</u>	Louis	<u>M</u>	10	<u>6310</u>	8	(314)_ <u>535</u> ·	<u>-1919</u>

Check this box if the organization did not compensate any current officer, director, or trustee

BAA

Form 990 (2009)

Form 990 (2009) Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of 'key employees'
- 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)	(B) (c) Average Position (check all that apply)		L.A.	(D)	(E)	(F)			
Name and Title	hours per week	or director	anstitutional feustee	_	dey employee	a employes	Fusine	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Charles Miller	_							_	_	_
Chairperson	5.00	Х	ļ	Х				0.	0.	0.
Lynne M. Cooper President	40.00				X	х		167,418.	0.	9,804.
John H. Russell Vice Chairperson	5.00	x		x				0.	0.	0.
Susan Venn										
Treasurer	5.00	x	l	х				0.	0.	0.
Sean Muthian										
Secretary	5.00	Х		X	1			0.	0.	0.
Rosemary Bishop										
Board Member	2.00	Х						0.	0.	0.
Lester C. Joern										
Board Member	2.00	X						0.	0.	0.
Kathleen Buescher										
Board Member	2.00	Х						0.	0.	0.
King K. Schoenfeld										
Board Member	2.00	Х						0.	0.	0.
Lisa Bedian	_									
Board Member	2.00	Х			_			0.	0.	0.
Mary Gene Boteler	_					1				
Board Member	2.00	X				L		0.	0.	0.
Randy Craig Fisher	_				Ì	1				
Board Member	2.00	X				<u> </u>		0.	0.	0.
Diane Gershman Levine	_				ŀ					
Board Member	2.00	Х		<u> </u>				0.	0.	0.
Gary Meier	_									
Board Member	2.00	Х						0.	0.	0.
Brooke Myers	_	İ	l							
Board Member	2.00	Х	<u> </u>			ļ		0.	0.	0.
Thomas Ressler	_									
Board Member	2.00	Х			<u> </u>			0.	0.	0.
Phil Zinser	_									
Board Member	2.00	X			<u> </u>			0.	0.	0.

TEEA0107 11/10/09

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	iple	oye	es,	an	d Highest Con	npensated Em	ployees (cont.)
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours			_				Reportable compensation from	Reportable compensation from	Estimated amount of other
	nours per week	함	institutional trustee	Officer	ey	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		recto	ution	ª	empl	est c	ğ	(, ,	organization and related
		, is	lai tr		oyee	omp				organizations
		8	uste		"	nsa.				
			"			e e				
Timothy D. Person	 	╁	\vdash		 					
Board Member	2.00	x						0.	0	. 0.
Bruce Kraemer					Ì	1				
Board Member	2.00	X						0.	0	. 0.
Robert C. Scott										
Board Member	2.00	X				L		0.	0	. 0.
Clayton Evans										
Board Member	2.00	X			<u> </u>	L		0.	0	. 0.
Christine Pennell	_									
Board Member	2.00	X			<u> </u>	_	ļ	0.	0	. 0.
Keith D. Price	1							_	_	
Board Member	2.00	X	_	_	┝	<u> </u>		0.	0	. 0.
Ben Tischler		١								
Board Member	2.00	X			-	-	ļ	0.	0	. 0.
Nate Wolff	-	ļ.,							,	
Board Member	2.00	ΙΛ.		_	\vdash	┝		0.	0	. 0.
	-	1								
		\vdash			-					
	-	l								
								,		
					L.	L				
	_									
						L				
1 b Total							<u> </u>	167,418.	0	
2 Total number of individuals (including but not limited	to thos	e lıs	ted	abov	ve) v	who	rece	eived more than \$	100,000 in reportal	ble compensation
from the organization 1										Vee No
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such interest.	or truste	e, k	еу е	mpl	oye	e, o	r hig	hest compensated	l employee	3 X
4 For any individual listed on line 1a, is the sum of rep			nen	satio	on a	nd d	othe	r compensation fro	om	1.3 4-7 1 may
the organization and related organizations greater th	an \$150	0,000	57 11	'Ye	s'c	omp	lete	Schedule J for su	ch	
individual										4 X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa	ation	from	n ar	ny u	nrel	ated	l organization for s	services	5 X
Section B. Independent Contractors	cuule 3	101 3	исп	per.	3011					1 2 1 2
Complete this table for your five highest compensate	d indep	ende	ent d	conti	racte	ors 1	that	received more that	n \$100,000 of	
compensation from the organization										
(A)								(B),	(C)
Name and business address	<u> </u>							Description (of Services	Compensation
										
			•							
			-							
									-	
2 Total number of independent contractors (including b	out not li	ımıte	ed to	tho	se I	ıste	d ab	ove) who received	I more than	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$100,000 in compensation from the organization										42.4 张 秋宝诗。 美

Pai	T VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
	*			revenue	revenue	512, 513, or 514
2 2	1a Federated campaigns 1a	3,038.				-
M N	b Membership dues 1b					DOCUMENT OF THE PARTY OF THE PA
S,G	c Fundraising events 1c	146,968.				
F &	d Related organizations 1d					***
S S	e Government grants (contributions) 1e 3	,301,665.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	756,831.	<u>م</u> الأ	· *		, 3
Ĕ	g Noncash contribns included in lns 1a-1f \$				ı.	, <u>, , , , , , , , , , , , , , , , , , </u>
	h Total. Add lines 1a-1f	>	4,208,502.	*	*	* * * *
₩		Business Code			***************************************	
8		3990	88,996.	88,996.	0.	0.
ᇎ		1110	142,500.	142,500.	0.	0.
울		1310	39,878.	39,878.	0.	0.
135	d					
₽¥	e					
PROGRAM SERVICE REVENUE	f All other program service revenue		975.	975.	0.	0.
-	g Total. Add lines 2a-2f		272,349.			
	3 Investment income (including dividends, into other similar amounts)	terest and	26,043.	26,043.	0.	0.
	4 Income from investment of tax-exempt bond	d proceeds	20,043.	20,043.	<u> </u>	<u></u>
	5 Royalties	a proceeds				-
	(i) Real	(ii) Personal			<u> </u>	
	6a Gross Rents		, .5°			
	b Less rental expenses					81,
	c Rental income or (loss)		* . ,			¥.
	d Net rental income or (loss)			Name of the last o	· ·	
	7a Gross amount from sales of (i) Securities	(ii) Other				- E
	assets other than inventory 33,852.) "
	b Less cost or other basis					ا ر
	and sales expenses 34,411.			*		
	c Gain or (loss) -559.					
	d Net gain or (loss)	>	- 55 <u>9</u> .	-559.	0.	0.
	8a Gross income from fundraising events					\$
REVENUE	(not including \$ 146,968.					* ÷ · ·
<u> </u>	of contributions reported on line 1c).		·			* `
8	See Part IV, line 18	70,650.				
OTHER	b Less direct expenses b	74,301.			_ <u></u>	
_	c Net income or (loss) from fundraising event	ts P	-3,651.	-3,651.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19		į			`*
1	See Part IV, line 19 a b Less direct expenses b					
	c Net income or (loss) from gaming activities	▶		***************************************		
	` '					
	10a Gross sales of inventory, less returns and allowances		· 47			
	b Less cost of goods sold b		7			
	c Net income or (loss) from sales of inventory	<u>√</u>				<u> </u>
Ì		Business Code	* *			
İ	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	>				1
	12 Total revenue. See instructions	▶	4,502,684.	294,182.	0.	0.

Form 990 (2009) 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must com				(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	580,540.	580,540.	` ,s *	*,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,601,671.	1,601,671.		ī
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			*	·
4	Benefits paid to or for members			M /A	-/ /
5	Compensation of current officers, directors, trustees, and key employees	171,863.	109,105.	31,379.	31,379.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)		:		
7	Other salaries and wages	1,168,149.	952,180.	88,728.	127,241.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,576.	24,394.	3,603.	4,579.
9	Other employee benefits	127,344.	108,728.	5,520.	13,096.
10	Payroll taxes	104,664.	81,563.	9,533.	13,568.
	Fees for services (non-employees)		,		
	a Management	10,080.	0.	10,080.	0.
	Legal	8,680.	610.	8,070.	0.
	Accounting	60,295.	0.	60,295.	0.
	Lobbying				
	e Prof fundraising svcs See Part IV, In 17 Investment management fees				
	1 Other	38,673.	28,211.	9,679.	783.
•	Advertising and promotion				
13		52,975.	11,875.	30,892.	10,208.
14	Information technology	36,010.	16,122.	9,621.	10,267.
15	Royalties	•	•		
16	Occupancy	73,451.	65,584.	4,810.	3,057.
17	Travel	13,888.	10,586.	793.	2,509.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,290.	1,498.	5,563.	3,229.
20	Interest	28,038.	28,038.	0.	0.
21	Payments to affiliates	59,054.	59,054.	0.	0.
22	Depreciation, depletion, and amortization	166,017.	161,981.	4,036.	0.
23	Insurance	28,981.	27,830.	1,151.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	Bad Debt	10,289.	4,785.	5,504.	0.
	Telephone	9,615.	3,809.	5,806.	0.
(Public Relations/Fundraising	19,190.	0.	92.	19,098.
•	Postage and Printing	40,677.	8,827.	1,439.	30,411.
•	All other expenses				
	Total functional expenses Add lines 1 through 24f	4,453,010.	3,886,991.	296,594.	269,425.
	Joint costs. Check here ► I if following	1, 100, 0201	0,000,352.	230/031.	2037 1201
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X

Balance Sheet

(A) Beginning of year (B) End of year Cash - non-interest-bearing 246,623. 846,234. 1 2 Savings and temporary cash investments 165,808 2 172,775. 3 Pledges and grants receivable, net 991,659 659,421. 4 Accounts receivable, net 294,253 4 141,178. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 40,771 44,876. 10a 10a Land, buildings, and equipment: cost or other basis. 4,432,348. Complete Part VI of Schedule D **b** Less¹ accumulated depreciation. 10b 2,041,538. 2,421,063. 10 c 2,390,810. 11 Investments - publicly-traded securities 788,931. 11 745,153. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,949,108. 16 5,000,447. Accounts payable and accrued expenses 17 226,233. 17 207,556. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 353,139 23 347,246. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 37,607. 25 19,739. Total liabilities. Add lines 17 through 25 616,979. 26 574,541 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 4,230,051 27 4,325,894. 28 Temporarily restricted net assets 102,078. 28 100,012. 29 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 4,332,129 33 4,425,906. 34 Total liabilities and net assets/fund balances 4,949,108. 5,000,447. BAA Form 990 (2009)

<u>Par</u>	t XI	Financial Statements and Reporting				
				Yes	s No	0
1	Accou	inting method used to prepare the Form 990 🔲 Cash 🛛 X Accrual 🔲 Other	ž,		T	_
		organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O.	ž Ž	,		**
2 a	Were	the organization's financial statements compiled or reviewed by an independent accountant?	28	ı X		
L	Mora	the organization's financial statements audited by an independent apparentant?	2		T	

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis X Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

Interfaith Residence d/b/a Doorways

Form 990 (2009)

3ь

Page 12

43-1484279

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 43-1484279 Interfaith Residence d/b/a Doorways 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.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 9 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 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 c | Type III - Functionally integrated **b** Type II d | Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 q (iii) Provide the following information about the supported organizations h (v) Did you notify (iv) Is the organization in col (i) listed in your governing document? (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (vi) Is the organization in col (i) organized in the US? (i) Name of Supported Organization (II) EIN (vii) Amount of Support e organization col (i) of your support? No Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Par	t III Support Schedule fo	_		in Section 509	9(a)(2)		
_	(Complete only if you chec	ked the box on lir	ne 9 of Part I)				
$\overline{}$	tion A. Public Support	, 	r				
_	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b				į		
8	Public support (Subtract line	*	· ****** · \$\$ * .	9 23 8	11 (4 1 4 8	. # 1	
	7c from line 6)	<u>"</u>	7/1×7/		3 - SS - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	a section	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						_
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, secon	18:	or fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	Percentage				
15	Public support percentage for 200	09 (line 8, column	(f) divided by lin	e 13, column (f))		15	%
16	Public support percentage from 2	008 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	e			
	Investment income percentage for				mn (f))	17	%
18	Investment income percentage from	•		-	***	18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	ne organization did	d not check the bo	ox on line 14, and	d line 15 is more that	an 33-1/3%, and li	
b	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	ne organization did	d not check a box	on line 14 or 19a	, and line 16 is mor	e than 33-1/3%, a	nd line 18 ► □

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

Schedule A	A (Form	990 or 9	990-EZ)	2009	Inte	rfait	h Re	side	nce	d/b/	a [Doorways	43-1484279	Page 4
Part IV	Sup	plemen	ital inf	ormat	ion. C	omplet	e this	part	to pr	ovide	the	explanation	43-1484279 ns required by Part II unformation. See ins	, line 10;
	Part	II, line	17a o	r 17b;	and P	art III,	line 1	12. Pr	ovide	e any	othe	er additional	ınformatıon. See ıns	structions.
		- -							-			. 		
									-					
													- 	
													•	
													-	
					. 									
					 .									
														
														
			- -										- 	-
												. – – – – -		
														- -
		- -						-						
									-					
												. 		
							-					 .		
		,												
								- -						
		. 	. .			-								

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

OMB No 1545-0047

Open to Public

• 5	Section 501(c)(3) organizations	s complete Parts I-A and B Do not comple	te Part I-C		
• 5	Section 501(c) (other than sect	tion 501(c)(3)) organizations complete Part	ts I-A and C below Do	not complete Part I-B	
	Section 527 organizations: con				
	_	to Form 990, Part IV, line 4, or Form 990-E		Territoria de la companya della companya della companya de la companya della comp	
• 5	Section 501(c)(3) organizations	s that have filed Form 5768 (election under	section 501(h)): Comp	olete Part II-A Do not c	omplete Part II-B
	Section 501(c)(3) organizations Part II-A	s that have NOT filed Form 5768 (election u	inder section 501(h))	Complete Part II-B Do	not complete
If the	e organization answered 'Yes,	' to Form 990, Part IV, line 5 (Proxy Tax), th	nen		
		rganizations Complete Part III			
Name	of organization			Employer identifica	
	erfaith Residence			43-148427	
		rganization is exempt under secti			zation.
	•	organization's direct and indirect political ca	impaign activities in P		
2	Political expenditures			► \$	
	Volunteer hours				
		rganization is exempt under secti			
	•	se tax incurred by the organization under s		▶\$	
2	Enter the amount of any exci	se tax incurred by organization managers i	ınder section 4955	▶ \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	this year?		Yes No
4 a	Was a correction made?				∐ Yes ∐ No
	If 'Yes,' describe in Part IV.				
Par	til-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	··
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ► \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	rganizations for section	on 527 exempt ►\$	
3	Total of exempt function expeline 17b	enditures. Add lines 1 and 2. Enter here and	d on Form 1120-POL,	► \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	made For each organization	and employer identification number (EIN) o listed, enter the amount paid from the filing ere promptly and directly delivered to a sep e (PAC) If additional space is needed, pro-	g organization's funds. Jarate political organiz	. Also enter the amount ation, such as a senara	of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
		1			

Schedule C (Form 990 or 990-EZ) 2009

A Check ► I if the filing organization b	elongs to an affiliated group			
B Check ► if the filing organization c	hecked box A and 'limited control' provisions appl	у.		
Limits on Lobl (The term 'expenditures' n	oying Expenditures – neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expenditures to influence	public opinion (grass roots lobbying)	5,363.		
b Total lobbying expenditures to influence	a legislative body (direct lobbying)	16,090.		
c Total lobbying expenditures (add lines 1a	a and 1b)	21,453.		
d Other exempt purpose expenditures		4,431,557.		
e Total exempt purpose expenditures (add	lines 1c and 1d)	4,453,010.		
f Lobbying nontaxable amount Enter the a both columns	f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		Ž	
Not over \$500,000	20% of the amount on line 1e	*	* 2	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		<i>I</i> ,	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000,000	· · ·	* ',	
g Grassroots nontaxable amount (enter 25	% of line 1f)	93,163.		
h Subtract line 1g from line 1a If zero or le	ess, enter -0-	0.		
	ss, enter -0-	0.1		

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

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a Lobbying non-taxable amount			397,320.	348,047.	745,367.			
b Lobbying ceiling amount (150% of line 2a, column (e))		× ***			1,118,051.			
c Total lobbying expenditures			32,190.	21,453.	53,643.			
d Grassroots nontaxable amount			99,330.	87,012.	186,342.			
e Grassroots ceiling amount (150% of line 2d, column (e))				- E	279,513.			
f Grassroots lobbying expenditures			8,048.	5,363.	13,411.			

BAA

Schedule C (Form 990 or 990-EZ) 2009

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

	(á	a)	(b)		
	Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
through the use of a Volunteers?				4	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?				_	
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912	,				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			,
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection 50)1(c)((6).
				V 1	N.
4 \\\ \\ \\ \\\				Yes	No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 			2		
3 Did the organization make only in-nouse lobbying expenditures of \$2,000 or less?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(cV5)	Or s		11(6)	<u>′6\</u>
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	is a	nswe	red 'Yes	,,(c)	(U)
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2с			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political descriptions.	al				
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		4 5			
Part IV Supplemental Information		, J			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information	Part II	-B, lın	e 1ı		
			-		
·			-		
			-		
			-		

Schedule C	(Form 990 or 990-EZ) 2009 Interfaith Residence d/b/a Doorways	43-1484279	Page 4
Part IV	(Form 990 or 990-EZ) 2009 Interfaith Residence d/b/a Doorways Supplemental Information (continued)		
			- <i>-</i>
			-
		· 	
		·	
		. – – – – – – – – – – – – – – – – – – –	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection Employer Identification number

Int	cerfaith Residence d/b/a Door	wavs		43-1484279
	TI Organizations Maintaining Dono		er Similar Funds or Acc	
	the organization answered 'Yes' t	to Form 990, Part IV, line	e 6.	
		(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor	g that grant funds may be or advisor or for any other	Yes No
Pai	t II Conservation Easements Compl	ete if the organization ar	nswered 'Yes' to Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of an historic	ally important land area
	Protection of natural habitat		Preservation of certified hi	storic structure
	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation	n contribution in the form of a	conservation easement on the
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easer		2b	
	Number of conservation easements on a certif			
	Number of conservation easements included in	` ' '	2d	
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated by the org	anization during the tax
	year •			
4	Number of states where property subject to co			
5	Does the organization have a written policy real and enforcement of the conservation easement	it it holds?		tions, Yes No
6	Staff and volunteer hours devoted to monitoring during the year	ig, inspecting, and enforcing co	onservation easements	
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conse	rvation easements	
8	Does each conservation easement reported or	n line 2(d) above satisfy the red	quirements of section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			∐ Yes ☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements			
Pai	Organizations Maintaining Colle Complete If the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Other Sind, Part IV, line 8.	milar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or res		
ŀ	of the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, to report in its revi ic exhibition, education, or res	enue statement and balance s earch in furtherance of public	service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 relating to these items:	similar assets for financial ga	ain, provide the following
	Revenues included in Form 990, Part VIII, line	1		► \$
ŧ	Assets included in Form 990, Part X			▶ \$

Schedule D (Form 990) 2009 Inte						43-148			Page 2
Part III Organizations Mainta	ining Collec	tions of Art, I	listorica	l Treasures, or	Other S	imilar Ass	ets (co	<u>ontinu</u>	<u>ıed)</u>
 Using the organization's acquisiti items (check all that apply). 	on accession ar	nd other records,	check any	of the following tha	t are a si	gnificant use o	of its col	llection	
a Public exhibition		d∐ı	oan or exc	change programs					
b Scholarly research		e ∐ (Other						
c Preservation for future gener									
4 Provide a description of the organ Part XIV		•	•	-			ın		
5 During the year, did the organiza assets to be sold to raise funds r							Yes		No
Part.IV Escrow and Custodia 9, or reported an amo	ount on Form	ents Complete 990, Part X,	: if orgar line 21.	nization answere	ed 'Yes'	to Form 99	90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?					assets no	ot l	Yes	Г	No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the fol	iowing tabi	le					
5							Amount		
c Beginning balance					1 c				
d Additions during the year					1 e				
e Distributions during the yearf Ending balance					16				
2a Did the organization include an a	mount on Form	990 Part X line	212				Yes		No
b If 'Yes,' explain the arrangement		330, Tart X, Illie	21.					L	
Part V Endowment Funds Co		anization ans	wered '	es' to Form 990). Part	IV. line 10.			
	(a) Current ye			(c) Two years back		hree years back	(e)	Four year	s back
1 a Beginning of year balance	()			- } . ***	3 1 18	······································	<i>()</i>	(1)	1 1
b Contributions				*	1 10 40	5. 8 1/6	« <i>8</i> *.	. , 4.	
c Net Investment earnings, gains, and losses				- 25				- 75	,
d Grants or scholarships				, ,	. 1.00.	1997 J	Frig. 1	y»	
e Other expenditures for facilities and programs								, , <u>ý</u>	1
f Administrative expenses					14.00			*(***)	,
g End of year balance				\$ -	A 54.4	aki uk		×	
2 Provide the estimated percentage	of the year en	d balance held as	;						
a Board designated or quasi-endow	/ment 🟲	8							
b Permanent endowment ►	······································								
c Term endowment ►	%								
3a Are there endowment funds not in organization by	n the possessio	n of the organiza	tion that ar	re held and adminis	tered for	the	Γ	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related of	rganizations lis	ted as required o	n Schedule	e R?			3b		
4 Describe in Part XIV the intended									
Part VI Investments-Land, B	uildings, an	d Equipment.	See Fo	rm 990, Part X,	line 10.				
Description of investment	(a) Cost or other b (investment)	asıs (b) Cost or other basis (other)	Depre	umulated eciation	(d) E	Book Va	alue
1a Land		62,0	01.		* CAN			62	,001.
b Buildings		4,076,3	32.		1,7	793,741.	2	,282	,641.
c Leasehold improvements									
d Equipment		165,3			1	53,926.			<u>,405.</u>
e Other		128,6				93,871.			<u>,763.</u>
Total. Add lines 1a through 1e (Column	n (d) must equa	l Form 990, Part	X, column	(B), line 10(c))		•			<u>,810.</u>
RΔΔ						Sched	lule D (E	form 90	901 2009

Schedule D (Form 990) 2009 Interfaith Reside			43-14	84279	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line	12.			<u></u>
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuor end-of-year ma	iation arket value	
Financial derivatives					
Closely-held equity interests				·	
Other					
					,
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)					
Part VIII Investments—Program Related (See	Form 990 Part X Jun	na 13)			<u> </u>
			(a) Mathad of valu	intion.	
(a) Description of investment type	(b) Book value	Cost	(c) Method of value or end-of-year mage	arket value	
				-	
		· · · · · ·			
			·		
					_
					
Total (Column (b) must equal Form 990 Part X Col (B) line 13)			*		
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	line 15)				_ \^
	scription			(b) F	Book value
(4)	3CTPROT			1 (3)	Sook value
				 	-
	· · ·			 	
		-			
				+	·
				 	
	<u> </u>			 	
				<u> </u>	
				-	
	45)		-	+	
Total. (Column (b) must equal Form 990, Part X, col (B), lin			<u>-</u>		
Part X Other Liabilities (See Form 990, Part					
(a) Description of Liability	(b) Amount		<i>₹</i> ′		* . i
Federal Income Taxes			**		*
Tenant Security Deposits	7,069		· 🐔 💥	£ ' ×>.	. 4
Deferred Revenue	2,785	_ ,	12, 14	" · F	
Prepaid Rent	9,885)			.
		_ ``			*
		````	- Sala - 4	·145	
		_	***	. 4	,
				Fg - 38	.3
			-W.		* *
			¥*	- 489	d i
			*	N.	***
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	19,739		,		**
O FINI 40 Feetends In Dark VIV. seconds that it is the feetends					

	-1484279	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	4,	502,684.
2 Total expenses (Form 990, Part IX, column (A), line 25)	4,	453,010.
3 Excess or (deficit) for the year Subtract line 2 from line 1		49,674.
4 Net unrealized gains (losses) on investments		44,103.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		44,103.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		93,777.
Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1 Total revenue, gains, and other support per audited financial statements	1 4,	621,088.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,	
a Net unrealized gains on investments 2a 44,103.		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants	]``]	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	118,404.
3 Subtract line 2e from line 1		502,684.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a investments expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIV)	1 1	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 4,	502,684.
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per		•
Total expenses and losses per audited financial statements		527,311.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	: : 1	
b Prior year adjustments 2b	184	
c Other losses 2c		
d Other (Describe in Part XIV)  2d  74,301.		
e Add lines 2a through 2d		74,301.
3 Subtract line 2e from line 1		453,010.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)	1 1	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		453,010.
Part XIV Supplemental Information	1 3 1 1/	455,010.
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part	nes 1b and 2b, f	Part V,
line 4, Part X, line 2, Part XI, line 8, Part XII, lines 20 and 40, and Part XIII, lines 20 and 40. Also complete this part	to provide any a	additional
Pt XII Line 2d Direct expenses of fundraising event.		
Pt XIII Line 2d Direct expenses of fundraising event.		
	<b>-</b>	

TEEA3304 02/02/10

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Interfaith Residence d/b/a Doorways	43-1484279	Page 3
Part XIV   Supplemental Information (continued)		
	- <b></b>	
r,		
	<del>-</del>	
	<b></b>	
	<b>_</b>	
	<del></del>	

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Complete if the organization answered'Yes' to 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 Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	of the organization						Employer identifica	ition number	
Int	erfaith Residence d/b	/a Doorwa	ys				43-148427	9	
Par	Fundraising Activities, Compl	ete if the organ	ization an	swered 'Ye t	es' to Form 990, Part IV,	, line 17			
1	Indicate whether the organization r	aised funds thro	ough any o	of the follow	wing activities. Check al	II that ap	ply.		
	Mail solicitations				Solicitation of non-g	governm	ent grants		
	Internet and email solicitations				Solicitation of gover	rnment (	grants		
	Phone solicitations				Special fundraising		_		
	In-person solicitations								
28	Did the organization have written o employees listed in Form 990, Part	r oral agreemer t VII) or entity in	nt with any	y individual on with pro	l (including officers, dire ofessional fundraising se	ectors, tr	rustees or key	Yes	No
k	If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dıvıduals or entı e organızatıon	ties (fundr	raisers) pu	rsuant to agreements ur	nder whi	ch the fundraise	er is to be	
						(v) Ar	mount paid to		
	(i) Name of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or fundr	retained by) aiser listed in col (i)	(vi) Amount p (or retained organizati	by)
			Yes	No					
			165	110					
		_							
	Total			•					
3	List all states in which the organization or licensing	ation is registere	ed or licen	sed to soli	cit funds or has been no	otified it	is exempt from	registration	
					<b></b>				<del></del>
				<b></b> -		. <del>-</del>			
						. <b>–</b> – -			

		Fundraising Events. Complete if reported more than \$15,000 on F	the organization ai	nswered 'Yes' to Fo	orm 990, Part IV, II gross receipts grea	ne 18, or
R			(a) Event #1  RED Dinner  (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
# U Z U Z U E	1	Gross receipts	217,618.			217,618.
Ě	2	Less Charitable contributions	146,968.			146,968.
	3	Gross income (line 1 minus line 2)	70,650.			70,650.
	4	Cash prizes				
	5	Noncash prizes				
D-RECT	6	Rent/facility costs	44,746.			44,746.
	7	Food and beverages	23,655.		<b>&amp;</b>	23,655.
E X P	8	Entertainment	5,900.			5,900.
EXPESSES	9	Other direct expenses				
Š		Direct expense summary Add lines 4- th Net income summary Combine lines 3, co	•		<b>&gt;</b>	74,301. -3,651.
Par		<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	
		\$15,000 on Form 990-EZ, line oa	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
ฅС≈ฅ<ฅฆ			(a) Singe	bingo/progressive bingo	(e) color gaming	(Add col (a) through col (c))
Ē	1	Gross revenue				
E D X I P	2	Cash prizes				
D-RECT	3	Non-cash prizes				
Š	4	Rent/facility costs				
	5	Other direct expenses		 		
	6	Volunteer labor	Yes%	Yes%	Yes %	
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•	
	8	Net gaming income summary. Combine li	nes 1, column (d) and l	ine 7	<u> </u>	
а	ls th	er the state(s) in which the organization opine organization licensed to operate gaming o,' explain.				YES NO
		e any of the organization's gaming licenses es,' explain	s revoked, suspended o	r terminated during the	tax year?	10a
11	 Doe	s the organization operate gaming activities	s with nonmembers?			
	ls th	ne organization a grantor, beneficiary or tru		nber of a partnership or	other entity formed to	12

Schedule G (Form 990 or 990-EZ) 2009 Interfaith Residence d/b/a Doorways 43-14842	19		age 3
1 1		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	4		
b An outside facility 8	_		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.			١.
Manage &	,	,	
Name. •		`	
Address: ▶		4	
Address: •			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		l
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$	}		
c If 'Yes,' enter name and address of the third party	,		l i
	***	**	
Name. ►	'		!
	, .	1	* '
Address •		ş	
	34	Ŷ	
16 Gaming manager information			
	,		/
Name •	l ,		
Gaming manager compensation ► \$	,7		
Gaining manager compensation F \$	×.,	٠ پ	
Description of services provided ▶	3	,	`
Description of services provided	,		! :
Director/officer Employee Independent contractor	3	,	
	4	< 1	
17 Mandatory distributions	Ĭ,	`*\$	[ [
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	Á.	aktie	<u> </u>
state gaming license?	17a		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		*	**
organization's own exempt activities during the tax year: ▶ \$		, Y. P.	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

1545-0047	
ş	l
OMB	
	ı

2009

Open to Public

**≗** □

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ▶ Attatch to Form 990.

Employer Identification number X Yes 43-1484279 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part 18 General Information on Grants and Assistance interfaith Residence d/b/a Doorways Name of the organization

Part.II., Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form

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

nan \$5,000. Use ►	(g) Description of non-cash assistance or assistance	Housing Assist	Housing Assist	Housing Assist	Housing Assist			4	Schedule I (Form 990) 2009
ecipient received more th	(f) Method of valuation (g) Designor, FMV, appraisal, non-cash other)								02/10/10
his box if no one r	(e) Amount of non-cash assistance								TEEA3901
lan \$5,000. Check t needed	(d) Amount of cash grant	140,377.	191,965.	127,809.	120,389.				r Form 990.
received more th	(c) IRC section if applicable				_			ganizations	e the Instructions fo
y recipient that r Form 990) if add	<b>(b)</b> EIN	43-1633822	43-1421252	37-1283362	37-1074379			) and government or	ons ction Act Notice, ser
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government	Regional Aids Interfaith. 1123 Wilkes Blyd. Columbia MO 65201	Aids Project of the Ozark 1901 E. Bennett STE. D. Springfield MO 65804		t Renaissance 8162705				3 Enter total number of other organizations BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2. Schedule I (Form 990) 2009 Part III. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance RaitiVs | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 43-1484279 Interfaith Residence conducts a minimum of two programmatic monitoring visits N/A (e) Method of valuation (book, FMV, appraisal, other) _compliance with applicable federal, state, and local regulations. _and_one_fiscal_monitoring_visit_annually._Monitoring_is_done_in_ N/A 0 (d) Amount of non-cash assistance 1,601,671 (c) Amount of cash grant Interfaith Residence d/b/a Doorways 787 (b) Number of recipients (a) Type of grant or assistance Housing Assistance Schedule I (Form 990) 2009 Pt_I Line_2 Pt_I_Line_2 Pt_I_Line_2 BAA

#### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **2009** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Interfaith Residence d/b/a Doorways

Employer identification number 43-1484279

Par	t I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to VII, Section A, line 1a Complete Part III to provide any relevant information rega	o or for a person listed in Form 990, Part arding these items		,	, Î,
	First-class or charter travel Housing allow	ance or residence for personal use	1 ::	*:	, -
		business use of personal residence			
		al club dues or initiation fees	· ,	<u> </u>	
		ices (e.g., maid, chauffeur, chef)	^ 4		
		, , , , , , , , , , , , , , , , , , , ,		1	
b	olf any of the boxes on line 1a are checked, did the organization follow a written preimbursement or provision of all of the expenses described above? If 'No,' comp	oolicy regarding payment or olete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expertrustees, and the CEO/Executive Director, regarding the items checked in line 1a	nses incurred by all officers, directors,	2	** *	3485-24
3	Indicate which, if any, of the following the organization uses to establish the com CEO/Executive Director. Check all that apply	pensation of the organization's	•		
	X Compensation committee Written emplo	yment contract			53
		survey or study	1	e e	
		ne board or compensation committee	4 (5000)	,	*
	To the second of garagements	lo sourd or componed and resimilation		~	· à
	Down the control did not present total in Form COO Boot VIII. Section A line 1e	with respect to the films even protein			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a w or a related organization	itti respect to the ming organization			
а	Receive a severance payment or change-of-control payment?		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement j	plan?	4ь		Х
С	: Participate in, or receive payment from, an equity-based compensation arrangen	nent?	4c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts	for each item in Part III.	2/3		
		,	J		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				* (
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization contingent on the revenues of:	pay or accrue any compensation	3 % 3 A		<b>1</b>
а	The organization?	<u></u>	5a		X
b	Any related organization?		5b		X
	If 'Yes' to line 5a or 5b, describe in Part III	**	1 1		مهشون
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensation	*		, %
	contingent on the net earnings of	· •	*:1		
а	i The organization?	_	6a		X
b	Any related organization?	_	6Ь		X
	If 'Yes' to line 6a or 6b, describe in Part III	<u> </u>		ta. h	
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization p described in lines 5 and $6^{\circ}$ If 'Yes,' describe in Part III	rovide any non-fixed payments not	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe	contract that was subject to the initial in Part III	8		х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption proc section 53 4958-6(c)?	edure described in Regulations	9		

Page 2

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 Interfaith Residence d/b/a Doorways

Part. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		0144 0001 11 0144 3				- - - - - -	
(A) Name	(b) Base	(b) Base (ii) Bonus and incentive (iii) Other	C compensation (iii) Other	(c) Retirement and other deferred	(b) Nontaxable benefits	(E) lotal of columns (B)(I)-(D)	reported in prior
	compensation	_	reportable compensation	compensation			Form 990-EZ
	$ 0 _{167,418}$	1	0	5,023.	4,781.	177, 222.	0
Lynne M. Cooper		0	0		1		0.
	()					i i i i i i i i i i i i i i i i i i i	
			ļ				
	(0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	             	             	             	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	,						
	()		i         	             	         	         	         
				 	           	i	
	0						
	                 	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	             	             	 
	()						
						i	
			-				 
	()						
		 	i,	           	 		
	(0)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(0)	             		)             	 	1 1 1	 
				,			
	(0)	           	 				; ; ; ; ;
	(0)	               	           	             	           	           	
	(0)	               	             	           	1 1 1	             	           
	(0)	             	           	1           	; ; ; ; ;		 
	(0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii)						
	( ₀ )	1 1 1 1 1 1	 	 	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
							2000 2000
ВАА			TEEA4102 02	02/02/10		Sched	Schedule J (Form 990) 2009

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990. Part IV. lines 29 or 30.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open To Public Inspection

Employer identification number

Interfaith Residence d/b/a Doorways 43-1484279 Part I Types of Property (a) (b) (c) **(d)** Revenues reported on Form 990, Check If Number of Method of determining applicable Contributions revenues Part VIII, line 1g 1 Art-Works of art 2 Art-Historical treasures 3 Art-Fractional interests 4 Books and publications 1.7. E. 2. 2. 3. 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 8 Intellectual property 43,411. Stock Market 9 Securities-Publicly traded X 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 105,000. Appraisal X 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► ( 26 Other ► 27 Other ► ( 28 Other ▶ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30 a Х b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a Х b If 'Yes,' describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009	Interfaith	Residence d/b/	a Doorways	43-1484279	Page 2
Part II Supplemental II and 33. Also co	<b>nformation.</b> Cor mplete this part	mplete this part to p for any additional i	provide the information require information.	ed by Part I, lines 30b	, 32b,
Pt I Line 32b	The investm	ent firm of St	ifel Nicolaus sells all	l_stock	
	gifts upon	receipt of gift	<u>t.</u>	· <b></b>	
				· <b></b> -	
				·	
					<b>-</b>
				<b>-</b>	
				·	
					<b></b>
				·	
				- <b></b>	
				· <b></b>	

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

Interfaith Reside	ence d/b/a Doorways	43-1484279
Pt_VI-B, Line 11A	The form 990 is reviewed by the Finance Committ	ee
	After the approval of the Finance Committee, a	<u>copy</u>
	of the completed form 990 is distributed to the	full_Board
	prior to filing.	
Pt_VI-B, Line_12c	At the beginning of a board member's term and a	nnually
	thereafter, a conflict of interest questionnair	e_is_completed
	and signed. The conflict of interest forms are	reviewed and
	discussed by the Finance Committee and then dis	closed
	to the full Board.	
Pt_VI-B, Line 15	The organizations' Board of Directors has estab	olished_a
	Compensation Committee and charged it with the	responsibility
	of reviewing and recommending changes to the co	ompensation of the
	organization's President, who is its top manage	ment official
	and only key employee. The last such review or	curred_in_2010
	and is disclosed in Schedule J.	
Pt_VI-C, Line 19	Interfaith Residence distributes an annual repo	ort_outlining
	the agency's financial statements annually to o	lonors. Financial
	information is also updated regularly on the pu	blicly_accessible
	website Guidestar.org and on the agency's websit	te. The organization's
	governing documents, audited financial statemen	its, and
	conflict of interest policy are provided on reques	st to interested parties.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 43-1484279

Interfaith Residence d/b/a Doorways

Part I Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.)	if the organization answ	vered 'Yes' to Form	1 990, Part IV, line	33.)	
( <b>A</b> ) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	(F) Direct controlling entity
					1
Part II Identification of Related Tax-Exempt Organizations du	<b>ations</b> (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had during the tax year.)	yanızatıon answere	d 'Yes' to Form 990	), Part IV, line 34 b	ecause it had
	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Jefferson Park, Inc. 43-1622404 2350 Park, St. Louis MO 63104	Housing	OW	501(c)(3)	7	N/A
Land Lami, Inc. Lami, St. Louis	Housing	OW	501(c)(3)	7	N/A
143-1808233_ rd, St. Louis	Housing	МО	501(c)(3)	7	N/A
43-1 St.	Housing	МО		7	N/A
ridge Place 34- Harney, St. Lo	Housing	МО		7	N/A
BAA For Privacy Act and Paperwork Reduction Act Notice, see the In	e Instructions for Form 990.	ET.	TEEA5001 02/05/10	Schedu	Schedule <b>R</b> (Form 990) (2009)

Schedule R (Form 990) 2009 Interfaith Residence d/b/a Doorways

Page 2

43-1484279

(J) General or managing partner? N Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI amount in box 20 of Schedule (Form (H)
Disproportionate
allocations? Yes No Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (**b**)
Direct
controlling entity (C)
Legal
domicile
(state or foreign country) (B) Primary Activity (A)
Name, address, and EIN of related organization Part III

Partiv Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	<b>axable as a Cor</b> d organizations	poration or Tru treated as a co	ust (Complete	if the organiz	ble as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, rganizations treated as a corporation or trust during the tax year.)	s' to Form 990, Pa	rt IV,
( <b>A)</b> Name, address, and EIN of related organization	( <b>B)</b> Primary Activity	(C) Legal domicile (state or foreign country)	( <b>b)</b> Direct	(E) Type of entity (C corp, S corp, or trust)	(B) (C) (D) Type of entity   Corp. S corp. S corp. (Corp. S corp.)	(G) Share of end-of-year assets	(H) Percentage ownership
	•						
							1
					•		

Schedule R (Form 990) (2009)

TEEA5002 02/05/10

43-1484279

Schedule R (Form 990) 2009 Interfaith Residence d/b/a Doorways

A3-1484

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

		⊢
Note: Complete line   If any entity is listed in Parts II, III, or IV of this schedule		Yes No
During the tax year old the organization engage in any of the following transactions with one of more related organizations listed in Parts II-17;   Beceipt of (f) interest (ii) annuities (iii) royalties (iv) rept from a controlled entity		×
		×
c Gift, grant, or capital contribution from other organization(s)		_
d Loans or loan guarantees to or for other organization(s)		×
e Loans or loan guarantees by other organization(s)		1e ×
f Sale of assets to other organization(s)		Y Y
g Purchase of assets from other organization(s)		
i Lease of facilities, equipment, or other assets to other organization(s)		ı. X
j Lease of facilities, equipment, or other assets from other organization(s)		7 i x x x x x x x x x x x x x x x x x x
k Performance of services or membership or fundraising solicitations for other organization(s)		1k ×
l Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of raid amplayors		_
ii ohaniig of palu enployees		×
<b>o</b> Reimbursement paid to other organization for expenses		10 X
$oldsymbol{p}$ Reimbursement paid by other organization for expenses		1р Х
Other transfer of seath or assessed to the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the season of the s		
<ul> <li>4 Other transfer of cash or property from other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>		1 ×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction threshol	-
( <b>A)</b> Name of other organization	(B) Transaction type (a-r)	<b>(C)</b> Amount involved
(1) Jefferson Park, Inc.	a	89,450.
(2) Tenth and Lami, Inc.	α	.000,65
(3) Mama Nivimba	τ	62,042
	3	
(4) Mama Nyumba	Ω	99,450.
(5) Mama Nyumba II	ğ	62,193.
(6) See Continuation Sheet for Schedule R-1, Part V		
	Schedu	Schedule R (Form 990) (2009)

Schedule R-1 (Form 990) 2009 Interfaith Residence d/b/a Doorways

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

Page 5 '

43-1484279

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
Mama Nyumba II	Δ	.000
Partridge Place	Ω	51,000.
		,
BAA TEEA5105 07/06/09	Schedi	Schedule R-1 (Form 990) 2009

43-1484279

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

( <b>A)</b> Name, address, and EIN of entity	( <b>B)</b> Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	ers Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?
			Yes No		Yes No		Yes No
ВАА		TEEA5004 02/05/10				Schedule R (Form 990) (2009)	m 990) (2009)

## **Supporting Statement of:**

Form 990 p 10/Line 16 col (B)

Description	Amount
Repairs and maintenance	65,584.
Total	65,584.

### **Supporting Statement of:**

Form 990 p 10/Line 16 col (C)

Description	Amount
Repairs and maintenance	4,810.
Total	4,810.

### **Supporting Statement of:**

Form 990 p 10/Line 16 col (D)

Description	Amount
Repairs and maintenance	3,057.
Total	3,057.

Interfaith Residence d/b/a Doorways 43-1484279						
Schedule O (Form 990), Supplemental In Form 990, Page 2, Part III, Line 1 (contin						
Briefly describe the organization's missio	n.					