# Form **990-ĖZ**

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A			iendar year, or tax year beginning , 2013, and ending		1		
X		f applicable s change	C Name of organization	Employer identification number			
	Name c	hange	WORLDWIDE SHELTERS, INC.		00170		
	Initial re	eturn	Number and street (or P O box if mail is not delivered to street address)  Room/suite	Telephone	number		
X	Termina	ated	14685 Carrs Mill Road	(410) 256-9298			
	Amende	ed return	City or town, state or province, country, and ZIP or foreign postal code	Group Ex	xemption		
	Applicat	tion pending	Woodbine MD 21797				
G	Accou	unting Meth			organization is not		
ı			711		Schedule B		
J	Tax-ex	empt status	(check only one) — X 501(c)(3) 501(c) ( ) <b>(insert no)</b> 4947(a)(1) or 527 (Form 99)	90, <del>9</del> 90-E2	Z, or 990-PF).		
K	Form	of organiza	ation X Corporation Trust Association Other				
L	Add II	nes 5b, 6c	, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$	1 4 250		
					14,350.		
P	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see the instrument of the organization used Schedule O to respond to any question in this Part I				
	1		ons, gifts, grants, and similar amounts received		14,350.		
	2		service revenue including government fees and contracts				
	3		nip dues and assessments	3			
	4		nt income	4			
	5 a	Gross am	ount from sale of assets other than inventory	0.			
			t or other basis and sales expenses				
		Gain or flos	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5 c	-7,856.		
	6		nd fundraising events				
₹R	а	Gross inc	ome from gaming (attach Schedule G if greater than \$15,000)   6 a				
က် မြေ	b	Gross inc	ome from fundraising events (not including \$ of contributions				
			raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000) 6 b				
	С	Less dire	ct expenses from gaming and fundraising events				
つが、生まるのか	d		ne or (loss) from gaming and fundraising events (add lines 6a and	6 d			
	7.		es of inventory, less returns and allowances				
<b>Z</b> ,			t of goods sold				
3			fit or (loss) from sales of inventory (Subtract line-7b-from line 7a)	7c			
T	8	Other rev	enue (describe in Schedule O)				
	9		enue. Add lines 1, 2, 3, 4,5c, 6d, 7c, and 8 · · · · ·	<u> </u>	C 404		
	+		nd similar amounts paid (list in ScheGule of 2014). See L-10. Stmt.	10	6,494. 15,675.		
	10		paid to or for members	11	13,0/3.		
F	12		other companyation and amplicate benefits	12	10,231.		
E X P	13		nal fees and other payments to independent contractors	<b>——</b>	10,231.		
Ë	14		cy, rent, utilities, and maintenance.				
PENSES	15		publications, postage, and shipping				
Š	16	Other ex	penses (describe in Schedule O)	penses 16	2,008.		
	17		penses. Add lines 10 through 16		27,914.		
	18	Excess	r (deficit) for the year (Subtract line 17 from line 9)		-21,420.		
Ą				21,720.			
NS E	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return)	19	21,420.		
A S NS E E T T S	20	•	anges in net assets or fund balances (explain in Schedule O)		21,120.		
,	21		s or fund balances at end of year Combine lines 18 through 20		0.		
D.A	•		Let Beduction Act Notice and the concrete instructions		Form 990-F7/2013\		

Par	t II Balance Sheets (see the instru- Check if the organization used Schedu	uctions for Part II) le 0 to respond to any question	on in this Part II			П
	- Check it the digamization used Schedu	ie O to respond to any question	ar in une i ait ii · · ·	(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			25,501	$\overline{}$	<del></del>
23	Land and buildings			0	. 23	
24	Other assets (describe in Schedule O)			0	. 24	
25	Total assets		[	25,501	. 25	
26	Total liabilities (describe in Schedule O).		[	4,081	. 26	0.
27	Net assets or fund balances (line 27 of co	lumn (B) must agree with line	21)	21,420	. 27	0.
Pai	t III Statement of Program Service Ac Check if the organization used Scheo			[X]	(Rea	Expenses pured for section 501
What	is the organization's primary exempt purpose? See			· · · · · · · · · · · · · · · · · · ·	(c)(3	) and 501(c)(4)
Desc meas bene	ribe the organization's program service acco sured by expenses. In a clear and concise m filed, and other relevant information for each	implishments for each of its the anner, describe the services program title	ree largest program s provided, the number	services, as of persons	4947	nizations and section 7(a)(1) trusts, optional thers)
28	Worldwide Shelters has par					
	to provide shelter to those					
	(Grants \$ 15,675.) If this	amount includes foreign gran	ts, check here	x	28 a	15,675.
29						
		- <b></b>			İ	
		<del></del>	<del></del>		l	
	(Grants \$ ) If this	amount includes foreign gran	its, check here		29 a	· · · · · · · · · · · · · · · · · · ·
30			. <b></b>			
		<b></b>	<b></b>			
	70-5	amount includes foreign gran			20.0	
	(Grants \$ ) If this Other program services (describe in Schedi	amount includes foreign gran	its, check here	· · · · · · · · · · · · · · · · · · ·	30 a	<u> </u>
31		ule O)			31 a	
22	(Grants \$ ) If this  Total program service expenses (add line				32	
	t IV List of Officers, Directors, 1					hounstructions for Part IVA
Pai	Check if the organization used Sche					
	Officer if the organization assa cons	(b) Average hours per	(c) Reportable compensat	(d) Health benefits	 ;,	
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	bonefit plane and defe		(e) Estimated amount of other compensation
		position	(ii flot paid, effet 40-)	compensation		<u> </u>
MIC	CHAEL SALANDRA			_	_	
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			}			
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Page 2

27-1100170

Form 990-EZ (2013) WORLDWIDE SHELTERS, INC.

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🔲
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
0.5	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		х
ı	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	Х	
	a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		
1	b If 'Yes,' complete Schedule L, Part II and enter the total			<u> </u>
	amount involved			
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on line 9			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 , section 4915 , section 4915			
	section 4911 section 4912 section 4915 section 4955 section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
1	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
,	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
41	List the states with which a copy of this return is filed Maryland			
42	a The organization's books are in care of ► MICHAEL SALANDRA  Telephone no ► (410)	489	-018	31
	Located at 14685 CARRS MILL RD WOODBINE MD ZIP+4 21787	,		
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If '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 Bank and Financial Accounts.			لــــا
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country			
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	
40	and enter the amount of tax-exempt interest received or accrued during the tax year			I
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44.5		<del>  </del>
	of Form 990-EZ	44 a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		\ <u>x</u>
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44.		
AE	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a	<del>                                     </del>	Х
		73 8		1
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

Form 990-1	EZ (2013) WORLDWIDE SHELTERS,	INC.		27-110	0170	Р	age 4
						Yes	No
	he organization engage, directly or indirectly idates for public office? If 'Yes,' complete Sc				46	<del> </del>	X
Part VI					40	.L	
T dit VI	All section 501(c)(3) organization		stions 47-49b and 5	2. and complete the	tables		
	for lines 50 and 51.	5ast amonto. 425		_,			
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				. П
						Yes	No
	he organization engage in lobbying activities plete Schedule C, Part II				47		х
	e organization a school as described in secti						X
	he organization make any transfers to an ex		•		<b>)</b>		X
	es,' was the related organization a section 52	•	-				
	plete this table for the organization's five hig					·	
empl	oyees) who each received more than \$100,0	000 of compensation fro	m the organization. If the	re is none, enter 'None '			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE		-					
					<b></b>		
							<del></del>
f Tota	number of other employees paid over \$100	0,000 ▶	<u> </u>	<u> </u>	<u> </u>		
<b>51</b> Com	plete this table for the organization's five high	hest compensated inde	pendent contractors who	each received more thai	n <b>\$100,000</b> (	of	
com	pensation from the organization. If there is n		(h) T		(a) Carr		
	(a) Name and business address of each independent con	tractor	(b) Type	of service	(6) Com	pensation	1
NONE_							
		- <b></b>					
			· · · · · · · · · · · · · · · · · · ·		<del> </del>		
		 ■					
	I number of other independent contractors e	•					
	the organization complete Schedule A? <b>Note</b> itable trusts must attach a completed Sched						
	es of perjury. I declare than have examined this return, incland complete. Declaration of preparer (other hap) officer) is						
true, correct,	and complete Declaration of propager (other han officer) is	based on all information of wh					
0'	Signature of officer						
Sign Here							
TICIC	Michael W. Salandra Type or print name and title						
	Pnnt/Type preparer's name	Preparer's signature					
D-:4	Anna M Fink	Anna M Fin					
Paid Preparer	Firm's name ► Ellis & Associa						
Use Only	\ <u></u> -						
	Baltimore						
May the IF	RS discuss this return with the preparer show	vn above? See instructi					

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public** Inspection

Employer Identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See in	<u>-110017</u>									
	instruction	ıs.								
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box )										
1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii) Enter th	ne hospital's								
name, city, and state										
5 An organization operated for the benefit of a college or university owned or operated by a governmental un 170(b)(1)(A)(iv). (Complete Part II)	nit described	In section								
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 An organization that normally receives a substantial part of its support from a governmental unit or from the in section 170(b)(1)(A)(vi). (Complete Part II)	ne general pu	iblic describe	ed							
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/39 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired June 30, 1975. See section 509(a)(2). (Complete Part III.)	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509 describes the type of supporting organization and complete lines 11e through 11h.	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.									
a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated										
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)										
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III suppor check this box	rtıng organız	ation,	[							
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following pe	ersons?									
			Yes No							
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and below, the governing body of the supported organization?		. 11 g (i)								
(ii) A family member of a person described in (i) above?		. 11 g (ii)								
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		· 11 a (iii)								
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		11 g (iii)								
h Provide the following information about the supported organization(s).  (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization in organization organization in organization in organization in organization organization in organization organizati	(vI) Is the ganization in column (I) anized in the US?	· 11 g (iii)								
h Provide the following information about the supported organization(s).  (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in column (i) listed in your governing support? organization column (i) of your	(vi) Is the ganization in column (i) anized in the US?	(vii) Amount								
h Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in column (i) listed in your governing document?  Yes No Yes No Yes	(vi) Is the ganization in column (i) anized in the US?	(vii) Amount								
h Provide the following information about the supported organization(s).  (i) Name of supported organization (lii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in column (i) listed in your governing document?	(vi) Is the ganization in column (i) anized in the US?	(vii) Amount								
h Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in column (i) listed in your governing document?  Yes No Yes No Yes	(vi) Is the ganization in column (i) anized in the US?	(vii) Amount								
h Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) EIN  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in column (i) Isted in your governing document?  Yes No Yes No Yes  (A)	(vi) Is the ganization in column (i) anized in the US?	(vii) Amount								
h Provide the following information about the supported organization (s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) EIN  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (solumn (i) listed in your governing document?  Yes No Yes No Ye  (A)	(vi) Is the ganization in column (i) anized in the US?	(vii) Amount								
h Provide the following information about the supported organization (s).  (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) Type of organization (li) Is the organization in column (i) Is the organization in column (i) of your your governing document?  Yes No Yes No Ye  (A)  (B)  (C)	(vi) Is the ganization in column (i) anized in the US?	(vii) Amount								

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

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

sec'	tion A. Public Support			·		<del></del>	
Cale: Degir	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')		1,546,459.	104,132.	99,512.	14,350.	1,764,453.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		1,546,459.	104,132.	99,512.	14,350.	1,764,453.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,764,453.
Sec	tion B. Total Support		<del></del>				
Cale: Degi:	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d</b> ) 2012	(e) 2013	(f) Total
7	Amounts from line 4		1,546,459.	104,132.	99,512.	14,350.	1,764,453.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						1,764,453.
12	Gross receipts from related activiti	es, etc (see instr	uctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organiza	tion's first, second, th	hird, fourth, or fifth	tax year as a section	on 501(c)(3)	<b>X</b>
	tion C. Computation of Pu						
	Public support percentage for 201						<u>%</u>
	Public support percentage from 20						%
16 a	a 33-1/3% support test — 2013. If and stop here. The organization of	the organization Jualifies as a pub	did not check the boo licly supported organ	x on line 13, and the state of	ne line 14 is 33-1/39	% or more, check	this box
t	o 33-1/3% support test — 2012. If t and stop here. The organization (	he organization o qualifies as a pub	did not check a box o blicly supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/3	% or more, check	this box
17 8	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-an	d-circumstances' tes	st, check this box a	nd stop here. Expl	ain in Part IV how	·
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-an circumstances' te	id-circumstances' tes est The organization	st, check this box a qualifies as a pub	nd <b>stop here.</b> Expl licly supported orga	laın ın Part IV how anizatıon	the ····►
18	Private foundation. If the organiz	ation did not che	ck a box on line 13,	16a, 16b, 17a, or 1 ————————————————————————————————————			=
BAA					Sch	edule A (Form 99	0 or 990-EZ) 2013

27-1100170

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

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

Sec	tion A. Public Support			·				
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include							
2	any 'unusual grants.')		<u> </u>					
3	tax-exempt purpose							
4	or business under section 513 .  Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
	Amounts from line 6				-			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	· · · · ·	▶ □
	tion C. Computation of Pul							
15								8
16								8
	tion D. Computation of Inv		· · · · · · · · · · · · · · · · · · ·					<del></del>
17	Investment income percentage for				))	1	17	<u> </u>
18	Investment income percentage fro	•		•	• •		18	
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	the organization d	id not check the b	ox on line 14, and	line 15 is more tha	n 33-1/3%. a	nd line 1	7
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, of	the organization d	lid not check a box	on line 14 or line	19a. and line 16 is	more than 33	3-1/3%, a	ınd 🗀
20	Private foundation. If the organization		•	-		-		_

Schedule A	(Form 990 or 990-EZ) 2013	WORLDWIDE	SHELTERS,	INC.	27-1100170	Page 4
Part IV	Supplemental Inform or 17b; and Part III, lin (See instructions).	nation. Provide in ne 12. Also comp	the explanation lete this part	ons required by Part II, ling for any additional informa	e 10; Part II, line 17a tion.	
	·					<b></b>
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	- <b>-</b>					 
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BAA

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

# Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047 2013

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 ► Attach certified copies of any articles of dissolution, resolutions, or plans.
 ► Attach to Form 990 or 990-EZ.
 ► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	or the organization										100170			
WORLD	Liquidation, Terminaline 36. Part I can be	ation, or Dissol	ution. Complete thi	s part if the organiz	ation answered "	Yes' to Forr	n 990, Part IV, lir		990-E	ΞZ,				
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distributio	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or	(e) EIN of recipient		(f) Name and address	of recipient	ľ	(g) IRC se recipient tax-exem type of	nt(s) (if npt) or			
						N/A								
COMPU	rer	12/31/13	0.	COMPARABLE SALES		<u> </u>			Ţ	N/A				
						_								
								<del></del>						
<del></del>										<del></del>				
											<b>N</b> I -			
2 D.	l or will any officer, director, t	rustoo, or kay ampla	wee of the organization						$\Box$	Yes	No			
a Be	come a director or trustee of	a successor or trans	sferee organization?						2a		Х			
<b>b</b> Be	come an employee of, or inde	ependent contractor	for, a successor or trans	feree organization?					2 b		Х			
c Be	come a direct or indirect own	er of a successor or	transferee organization?	'					2 c		Х			
d Re	ceive, or become entitled to,		ner similar payments as a strong in this line, provide				olution?		2 d	<u>l</u>	X			

Schedule N (Form 990 or 990-EZ) 2013	WORLDWI	DE SHELTERS, I	NC.		27-11003	170		Page 2
Part I Liquidation, Terminatio	n, or Dissolu	ution (continued)						
Note. If the organization distributed (Total liabilities), should equal -0-	all of its assets o	luring the tax year, then	Form 990, Part X, colur	mn (B), line 16 (Total ass	ets), and line 26		Yes	No
3 Did the organization distribute its as	sets in accordan	ce with its governing ins	trument(s)? If 'No,' desc	спbe in Part III		3	Х	
4 a Is the organization required to notify	the attorney ger	neral or other appropriate	e state official of its inte	nt to dissolve, liquidate, o	or terminate?	4 a		X
b If 'Yes', did the organization provide	such notice?					4 b		
5 Did the organization discharge or pa	ay all liabilities in	accordance with state la	aws?			5	х	
6 a Did the organization have any tax-ex	xempt bonds out	standing during the year	r)			6 a	<u> </u>	X
<b>b</b> Did the organization discharge or de	efease all of its ta	ax-exempt bond liabilities	s during the tax year in a	accordance with the Inter	nal Revenue Code and state laws?	6 b	L	
c If 'Yes,' to line 6b, describe in Part II.								
Part II Sale, Exchange, Dispos 'Yes' to Form 990, Part IV	sition, or Oth V, line 32, or l	er Transfer of Mor Form 990-EZ, line 3	re than 25% of the 36. Part II can be de	Organization's As uplicated if additional	sets. Complete this part if the organizated space is needed.	tion ar	nswere	∍d
1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient		(g) IRC se recipient( exempt) o ent	t(s) (if tax- or type of
							1,	T
							Yes	No
2 Did or will any officer, director, truste	ee, or key emplo	yee or the organization				2 a		<del> </del>
a Become a director or trustee of a su	ccessor or trans	for a supposed of trans	force organization?			2 a	<del></del>	+
Become an employee or, or indeper	f a cuescass ==	transferoe erganization	neree organization? • •	• • • • • • • • • • • •		2 c	<del> </del>	+
					on of assets?	2 d	<del> </del>	+
e if the organization answered 'Yes' to								
BAA	July of the ques	none in the line, provide	TEEA4702 09/3	_	Schedule N (Form	n 990 c	or 990-E	Z) 2013
					= = : : > = = : - (. = : .			

Schedule M	(Folin 330 of 330-E2) 2013 WORLDWIDE SHELTERS, INC.	27-1100170	i age s
:Rantille	Supplemental Information. Provide the information required by Part I line 2e. Also complete this part to provide any additional information.	, lines 2e and 6c, and Part II,	
	·		
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### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

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	Employer Identification number
WORLDWIDE SHELTERS, INC.	27-1100170
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<del></del>	
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# Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172

2013

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

WORLDWIDE SHELTERS, INC.
Business or activity to which this form relates

► Attach to your tax return.

Attachment Sequence No 179 Identifying number

27-1100170

_	m 990 / Form 990E							
Par	t I Election To Expe	ense Certain F	Property Under Secondlete Part V before you	tion 179				- <del></del>
1	Maximum amount (see instru						. 1	
2	Total cost of section 179 proj							
3	Threshold cost of section 179							
4	Reduction in limitation Subtr	` <b> </b>						
5	Dollar limitation for tax year.							
	separately, see instructions.						. 5	
6	(a) <sup>[</sup>	Description of property		(b) Cost (business u	use only)	(c) Elected cos	st	
								_
7	Listed property Enter the am						,	ļ
8	Total elected cost of section							<del></del>
9	Tentative deduction. Enter th							<del></del>
10	Carryover of disallowed dedu							
11	Business income limitation E						11	<del></del>
12	Section 179 expense deduct Carryover of disallowed deduct					<u> </u>	. 12	
	: Do not use Part II or Part III				- 13			
Par			ce and Other Depre		t include	listed property )	(See	instructions)
				· · · · · · · · · · · · · · · · · · ·			T	1
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)								
15	Property subject to section 1	. 15						
	Other depreciation (including						. 16	
			nclude listed property ) (S					-
-			Section					
17	MACRS deductions for asse	ts placed in service	e in tax years beginning t	pefore 2013			. 17	1,410.
18								
10	asset accounts, check here.							
	Section B	– Assets Placed	in Service During 2013	Tax Year Using t	he Gene	ral Depreciation	Syst	em
	(a) Classification of property	(b) Month and year placed	(C) Basis for depreciation (business/investment use	_ (d)	(e)	(f)		
19 a		in service	only - see instructions)	Recovery period	Convent			(g) Depreciation deduction
	a 3-year property	in service	only — see instructions)	Recovery period				
t	a 3-year property b 5-year property	in service	only — see instructions)	Recovery period				
	<b>b</b> 5-year property	in service	only — see instructions)	Recovery period				
C	b 5-year property	in service	only — see instructions)	Recovery period				
c	b 5-year property	in service	only — see instructions)	Recovery period				
( (	b 5-year property	in service	only — see instructions)	Recovery period				
0 0 6	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	in service	only — see instructions)			ion Metho	d	
() () ()	b 5-year property c 7-year property d 10-year property	in service	only — see instructions)	25 yrs		S/I	d	
() () ()	b 5-year property d 10-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	in service	only — see instructions)	25 yrs 27.5 yrs	Convent	S/I	d	
6 6 6 9	b 5-year property d 10-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	in service	only — see instructions)	25 yrs 27.5 yrs 27.5 yrs	MM MM	S/I S/I	d	
6 6 6 9	b 5-year property	in service	only — see instructions)	25 yrs 27.5 yrs	Convent	S/I   S/I	d	
6 6 6 9	b 5-year property	in service	only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/I   S/I	d	deduction
c c f f	b 5-year property	in service	Service During 2013 T	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/I S/I S/I S/I S/I	on Sy	deduction
6 6 7 9 1	b 5-year property	in service	only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th	MM MM MM	S/I   S/I	d on Sy	deduction
c c c c c c c c c c c c c c c c c c c	b 5-year property	in service	only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th	MM MM MM MM MM	S/I   S/I	on Sy:	deduction
(C)	b 5-year property	Assets Placed in	only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th	MM MM MM	S/I S/I S/I S/I S/I S/I S/I S/I	on Sy:	deduction
(C)	b 5-year property	Assets Placed in	Service During 2013 T	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th	MM MM MM MM MM	S/I   S/I	d on Sys	deduction
20 a	b 5-year property	Assets Placed in structions )	Service During 2013 T	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using th	MM MM MM MM MM MM	S/I   S/I	on Sy:	deduction
20 a l	b 5-year property	Assets Placed in structions ) nt from line 28 nes 14 through 17, line Partnerships and S of	Service During 2013 T es 19 and 20 in column (g), an corporations — see instructions	25 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using th  12 yrs 40 yrs  d line 21 Enter here	MM	S/I   S/I	d on Sys	deduction

Par		Property (Inc		les, certai	n other v	ehicles,	certain	com	outers,	and pi	operty	used for	r entertai	nment,		
	Note: Fo	or any vehicle foi (a) through (c) (	r which vou are	using the	standar	d mileag	e rate o	r ded	ducting	lease	expens	е, сотр	olete <b>onl</b> j	y 24a, 2	4b,	
	Section	n A – Deprecia	tion and Other	Informat	tion (Ca	ution: S	ee the in	nstru	ctions	for limi	ts for pa	ssenge	er automo	obiles)		
24 a	Do you have evider	nce to support the bi	usiness/investmen	t use claime	ed?	[	Yes	$\overline{\sqcap}$	No 2	4b If 'Y	es,' is the	evidence	e written?	[	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia ss/investm ise only)		Rec	(f) overy riod	Me	(g) thod/ rention	Depre	(h) eciation uction	Ele sect	(i) ected tion 179 cost
25		ation allowance 50% in a qualifi	for qualified list			d ın serv	ice durir					25				h grinds The par
26		nore than 50% ir				<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	• •	<del></del>							
															_	
											ļ				<del>- </del>	
	Dreporty wood 5	109/ or loss in a	auglified busine			<u> </u>			l		<u> </u>		<u> </u>		<u> </u>	
_27	Property used 5	60% or less in a c	qualified busine	:55 use.	<del></del>	<del>                                     </del>	-		<u> </u>		T	_				49.77. 53
		-	<del> </del>										<u> </u>			e Tabletini i
28	Add amounts in	column (h), line	s 25 through 27	7 Enter h	ere and o	on line 2	1, page	1 .				28			7 1	1. C. V
29	Add amounts in	column (ı), line									<u>.</u>	· · · ·	· · · · ·	. 29		-
				Section												
Com to vo	plete this section our employees, fii	n for vehicles use rst answer the qu	ed by a sole pro Jestions in Sec	prietor, pa tion C to s	artner, oi see if you	r other 'r u meet a	nore tha n excep	n 5% tion 1	owne to com	r, or re pleting	elated p this se	erson I ction for	r you pro	viaea vi ehicles.	enicles	
				T .				1	(c)	Ī	(d		(e		(5	<u> </u>
30	Total business/investment miles driven during the year (do not include commuting miles)		Vehi		(b Vehic	cle 2	\	/ehicle	3	Vehic			cle 5 Veh		(f) nicle 6	
31	_	niles driven during th														
32	•	sonal (noncomm	•													
				ļ				├		-		-	<b></b>		<u> </u>	
33		en during the ye								ļ						
	mico co amougi			Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34		e available for pe hours?														
35	than 5% owner	e used primarily or related perso			_											ļ
36		cle available for														
			C - Question											nat mo	ro than	
Ansv	wer these question	ons to determine I persons (see in	i if you meet an istructions).	exception	1 to com	pleting S	ection B	s tor	venicie	s usec	by em	pioyees	wno are	not mo	re man	
	Do you maintai	<del> </del>	statement that									,	<u>-</u>		Yes	No
38	Do you maintai	n a written policy ee the instruction	statement that	t prohibits	persona	al use of	vehicles	s. ex	cept co	mmuti	na, by v	our				
39	-	use of vehicles														
40	Do you provide	more than five vetain the informa	vehicles to your	· emplove	es obtai	n inform	ation fro	m vo	our emi	olovee	s about	the use	of the			
41	Do you meet th	e requirements on swer to 37, 38,	concerning qua 39, 40, or 41 is	lified auto 'Yes,' do	mobile d	demonst plete Se	ration us	e? ( for th	See ins	structio	ns.) . hıcles				- 1 <u>4</u> 6	<u>.</u>
Pa	rt VI Amor	tization												,		
(a) Description of costs  (b) Date amortization begins  (c) Amortizable Code Amortization period or percentage							(f) Amortization for this year									
42	Amortization of	f costs that begin	ns during your 2	2013 tax v	ear (see	instruct	ions).							<del></del>		
				L												
43		of costs that bega	•	•									43	ļ <u>.</u>		
44	Total. Add am	ounts in column	(f) See the ins	tructions	for where	e to repo	ort			<u></u>	<u> </u>		44	L		

-	990 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ					
Depreciation	escribe in Schedule O)	1,410.					
Office Total		2,008.					
		2,000.					
	III, Statement of Program Service Accomplishmimary Exempt Purpose	nents					
	to people in critical need of adequate shelter through advocacy, support and	innovation					
	o longer sells shelters. Worldwide Shelters eries 1100 and advocates for innovation in shelter solution.						
•	990 or 990-EZ), Supplemental Information to F t I, Line 10 Grants and Similar Amounts Paid						
Purpose of Payme	nt TO PROVIDE SHELTER A	SSISTANCE					
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given				
GRANT	BusinessX Person ROOTS OF DEVELOPMENT 1325 18th Street, NW, Unit 303	_					
	Washington DC 20036		10,500.				
If property other the Description of Property Date of Gift	· · · · · · · · · · · · · · · · · · ·	rmation needs to be pro-	vided <sup>.</sup>				
Book Value	How Book Value	Determined					
FMV	How FMV Determined						
Purpose of Payme	nt TO PROVIDE SHELTER A	ASSISTANCE					
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given				
GRANT	Business X Person	DONEE	- - 675.				
Description of Proj	nan cash was given, the following additional info perty .		vided.				
Book Value	How Book Value Determined						
FMV	How FMV De	etermined					

2

Schedule O (Form 990-EZ, Part	Continued							
Purpose of Paymer	t TO PROVIDE SHELTER A	SSISTANCE						
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given					
GRANT	BusinessX Person  CORNELL UNIVERSITY  410 THURSTON AVE  ITHICA NY 14853	DONEE	4,500.					
If property other that Description of Prop Date of Gift		rmation needs to be pro	vided:					
Book Value	How Book Value Determined							
FMV	How FMV De	termined						