OPEN DOOR OF HOPE, INC.

December 31, 2019

**Exempt Organization Return** 

L. Ballard & Company, PSC Certified Public Accountants 906 Main Street Shelbyville, Kentucky L Ballard & Company, PSC, CPA's 906 Main Street Shelbyville, KY 40065-1313 502-633-1422

June 9, 2020

### CONFIDENTIAL

OPEN DOOR OF HOPE, INC. PO BOX 426 SHELBYVILLE, KY 40066

Directors:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

### Federal Filing Instructions

None is required. Your Form 990 for the year ended 12/31/19 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

L Ballard & Company, PSC, CPA's 906 Main Street Shelbyville, KY 40065-1313

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

2 2 CA

L Ballard & Company, PSC, CPA's

Form	990
(Rev. Jan	nuary 2020)
Departm	ent of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2019	
Open to Public	
Inspection	

	evenue Service	lendar year, or tax year beginning , and ending					
			Employer	r identification number			
	k il applicable.						
Addre	ess change	OPEN DOOR OF HOPE, INC.	06 1	436314			
Name	e change		Telephone				
Initial	l return		502-647-5555				
Final	return/	City or town, state or province, country, and ZIP or foreign postal code					
termi	inated	SHELBYVILLE KY 40066 G	Gross rece	eipts \$ 758,915			
Amer	nded return	F Name and address of principal officer:	100				
Appli	ication pending	MARCIA MITCHUM H(a) Is this a group r	eturn for su	ubordinates? Yes X No			
_		PO BOX 426 H(b) Are all subordi	nates inclu	uded? Yes No			
			ach a list.	(see instructions)			
	exempt status:	X         501(c)(3)         501(c)         ( )         4947(a)(1) or         527           WW . AWAKEKY . ORG         H(c) Group exempti	ion oumbo				
				M State of legal domicile: KS			
	n of organization:		55	M State of legal domicile. 111			
Part		mmary scribe the organization's mission or most significant activities:					
Activities & Governance	2 Check thi	s box ▶ 📄 if the organization discontinued its operations or disposed of more than 25% of its net assets	s.				
ő			3	10			
8		f voting members of the governing body (Part VI, line 1a) f independent voting members of the governing body (Part VI, line 1b)		9			
tie			5	11			
ţ		ber of individuals employed in calendar year 2019 (Part V, line 2a)	6	40			
A		ber of volunteers (estimate if necessary)		<u>40</u>			
		lated business revenue from Part VIII, column (C), line 12	7a	0			
	b Net unrela	ated business taxable income from Form 990-T, line 39 Prior Year	7b	Current Year			
	9 Contributi		008	721,757			
ne	0 Drogrom	and and granto (i are thin into int)	101	16,833			
Revenue	9 Program		293	325			
Re		nt income (Part VIII, column (A), lines 3, 4, and 7d)	255	516			
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	402	738,915			
			447	17,594			
			11/	1,554			
	• • • • • • • • • • • • • • • • • • •	baid to or for members (Part IX, column (A), line 4)	202	234,926			
s 1			494	251,520			
n 1		nal fundraising fees (Part IX, column (A), line 11e) Iraising expenses (Part IX, column (D), line 25) ► 6,658					
×			E26	21E 210			
		enses (Part IX, column (A), lines 11a–11d, 11f–24e) 146,		245,340			
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25) 362,		497,860			
	19 Revenue		,127	241,055 End of Year			
Net Assets or Fund Balances		Beginning of Curren		860,139			
Sala		204		284,590			
2 nd E				575,549			
			,942	575,545			
Part		gnature Block		Con Providence			
Under	r penalties of p	erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my kr	nowledge and belief, it is			
true, c	correct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	-				
			A 10 10 10 10 10 10 10 10 10 10 10 10 10				

Sign Here		RCI		EXEC	UTIVE DI	Date		
Paid	Print/Type prepa	arer's nar THURI		ignature LIP P THURMAN CPA	Date 06/0	Check 09/20 self-emp	"	PTIN P00662824
Preparer	Firm's name	•	L BALLARD & COMCA			Firm's EIN	61	-0963325
Use Only	Firm's address	,	906 MAIN STREET SHELBYVILLE, KY	40065-1313		Phone no.	502	2-633-1422
May the IR	S discuss this	s return	with the preparer shown above? (se	e instructions)				X Yes No

Form 990 (2019) OPEN DOOR OF	HOPE, INC.	26-4436314	Page 2
Part III Statement of Progra	m Service Accomplishments		20
Check if Schedule O	contains a response or note to a	any line in this Part III	X
1 Briefly describe the organization's m			and shall be and the
*	F JESUS CHRIST BY P	ROVIDING FOR THE NEEDS (	OF THE POOR &
OPPRESSED.			
그렇다. 그 그 가지, 가슴다 있지 않지 않는 것이 가지, 않을 것 같 것 같아요. 그는 것 같아요. 그	ignificant program services during the		
prior Form 990 or 990-EZ?			X Yes No
If "Yes," describe these new service	s on Schedule O.		
	ng, or make significant changes in how	it conducts, any program	-
			Yes X No
If "Yes," describe these changes on			
		s three largest program services, as measured b	
		ort the amount of grants and allocations to other	s,
the total expenses, and revenue, if a	ny, for each program service reported.		
SERVICES FOR ADDICT PROVIDES ASSISTANCE	ION, GRIEF, MARRIAG TO OVER 1,500 INDI	s of \$ ) (Revenue \$ SING FOR MEN. RECOVERY 2 E AND FAMILY ISSUES. THI VIDUALS WEEKLY IN THE FO H DARE TO CARE FOOD BANI	AND COUNSELING E ORGANIZATION ORM OF FOOD
·····			
*			
CHILDREN IN NEED OV	ER THE WEEKEND.	PUBLIC SCHOOLS TO PROVI	
• • • • • • • • • • • • • • • • • • • •	***********		
·····			
÷			
IN COORDINATION WIT		ts of \$ ) (Revenue \$ NS, THE ORGANIZATION PRONCE TO NEEDY VETERANS II	OVIDES
COMMUNITY.			
			***********
		***************************************	
			***********************************
		***************************************	
4d Other program services (Describe o	n Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ►	345,186		

Form 990 (2019)

	1 990 (2019) OPEN DOOR OF HOPE, INC. 26-4436314		P	age 3
Pa	art IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	1.00
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		101	
	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, or have a section 501(h)		1.11	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			x
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		A
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		i n	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
0		8		x
9	Complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		1	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
22	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	1
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		1.50	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>		x
12a		10-	1.0	x
	Schedule D, Parts XI and XII	<u>12a</u>		<b>^</b>
b	그는 일반 것에서 선생님, 정말 것에서는 것을 것이다. 영상은 것에서 가지 않는 것에서 사람이 많이 가지 않는 것에서 있는 것에서 많은 것이다. 그는 것에서 말했는 것이 가지 않는 것에서 있는 것이다.	104		x
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	ACC - CONTRACTOR - CONTRACTOR		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	festert in the second	1	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		-	**
b	fundraising, business, investment, and program service activities outside the United States, or aggregate	1.1	1	þ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1.1	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			100
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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			X
20a		and the second se	1	X
b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			15
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

21 X Form 990 (2019)

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Form	990 (2019) OPEN DOOR OF HOPE, INC. 26-4436314		Р	age 4
Pa	art IV Checklist of Required Schedules (continued)			
		1	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
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 defense any tax exempt hends?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1.123		1.2
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1.1		1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			16.34
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	1.1.21		
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1.00		1.20
	"Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	· · · · · ·	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			6.7
	"Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1.00		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	X
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	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		A
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
-	19? Note: All Form 990 filers are required to complete Schedule O.	30	A	
. Fe	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
-	Check is ochequie O contains a response or note to any line in this Part V		Yes	No
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	[iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	res	NO
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
c	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reportable gamming (gamping) withings to prize withers :			0 (2019

Form	990 (2019) OPEN DOOR OF HOPE, INC. 26-44	36314	1		P	Page 5
Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance (con	tinued)				
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.0	1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ons)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sched	ule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er autho	rity over,	1.2.1		1.1
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cial acco	ount)?	4a		X
b	If "Yes," enter the name of the foreign country >					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financ	al Accou	ints (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or		1.1		
	aite ware not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			**		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	or goods	5			
u	and convices provided to the payor?			7a		X
b				71	100	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i		************************		100	
C				7c	1.54	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene			7e	11111111111	X
e	- 일반하는 것 같은 것 방법 2017 THE SECTION SECTION 2017 2017 2017 2017 2017 2017 2017 2017		ur		-	X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or		200 as required?	7g	1	X
g	If the organization received a contribution of qualified intellectual property, did the organization file					X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the organiza				111111111	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	aned by	line	8	1111111111	
						TRUMPIN
9	Sponsoring organizations maintaining donor advised funds.			0-	1111111	
а	Did the sponsoring organization make any taxable distributions under section 4966?			1 C C	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	in the	
10	Section 501(c)(7) organizations. Enter:	1	ŭ.			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	101				
11	Section 501(c)(12) organizations. Enter:	in.	i.			
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1				
	against amounts due or received from them.)	11k				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		1?	12a		monut
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		-
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which		â.			
	the organization is licensed to issue qualified health plans	138	0			
с	Enter the amount of reserves on hand	130				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch					100
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investo	ent inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form 990 (2019)

Form	990 (2019) OPEN DOOR OF HOPE, INC. 26-4436314			age 6	
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se		ructio		
	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion A. Governing Body and Management		102.21		
		ferrerer	Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9	_			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	124	1.1.1		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1.5			
	one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)			
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.1	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		1		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1.1		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	********	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1		
0	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>				
U		12c			
10	Pidde service in a contract of the base of	13		X	
13	D'10 and the second sec	14		X	
14	Did the process for determining compensation of the following persons include a review and approval by				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
		15a	******	X	
a	The organization's CEO, Executive Director, or top management official	15b		X	
b	Other officers or key employees of the organization	130			
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		X	
	with a taxable entity during the year?	16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			********	
-	organization's exempt status with respect to such arrangements?	16b			
	tion C. Disclosure		_		
17	List the states with which a copy of this Form 990 is required to be filed ► KY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records >				
	FACY CRAIG PO BOX 426		21.2		
SI	HELBYVILLE KY 40066 502	2-32	_	_	
DAA		Fo	rm 99	0 (2019)	

Form 990 (2	019) OPEN	DOOR	OF HOPE	S, INC.		26-4436314	Same August	Page 7
					s, Key Employ	yees, Highest Co	mpensated Em	ployees, and
	Independ	ent Cont	ractors					_
	Check if S	Schedule (	O contains a	a response or not	e to any line in	this Part VII		
Section A.	Officers, D	irectors, Tru	ustees, Key E	mployees, and High	est Compensated	l Employees		
1a Complet organization		all persons	required to be	listed. Report compe	ensation for the cal	endar year ending with	n or within the	
				rectors, trustees (whe if no compensation w		organizations), regard	dless of amount of	
<ul> <li>List al</li> </ul>	I of the organiz	zation's curr	ent key emplo	yees, if any. See inst	ructions for definiti	on of "key employee."	1	
who receive	e organization d reportable co and any relate	ompensation	n (Box 5 of For	pensated employees m W-2 and/or Box 7 o	s (other than an off of Form 1099-MIS(	icer, director, trustee, C) of more than \$100,	or key employee) 000 from the	
				ey employees, and hig nization and any relate		d employees who rece	ived more than	

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) MARCIA MITCHUM	40.00										
EXECUTIVE DIRECTOR	0.00	x						50,000	0	0	
(2) LEE MURPHY	0.00	-						50,000			
	1.00										
CHAIRMAN	0.00	x		x				0	0	0	
(3) JONATHAN HALE											
VICE CHAIRMAN	1.00	x		x				0	0	0	
(4) KEVIN COMP											
	1.00										
SECRETARY	0.00	X		X		_		0	0	0	
(5) MARCY MUDD	1.00	17	1.1								
TREASURER	0.00	X		x				0	0	0	
(6) TAMMY THOMAS	1.00	1									
DIRECTOR	0.00	x						0	0	0	
(7) JAMES SMITH		1									
	1.00									0	
DIRECTOR	0.00	X			-		-	0	0	0	
(8) BETH WATTS	1.00				6						
DIRECTOR	0.00	x						0	0	0	
(9) JOANNA LYNCH							-				
DIRECTOR	1.00	x						0	0	0	
(10) JEFF REYNOLDS	0.00	1	-	-	-		-				
(10) SEFF REINCLES	1.00										
DIRECTOR	0.00	x						0	0	0	
(11)	1										
		-							· · · · · · · · · · · · · · · · · · ·		
		1			1	-	100			- 000 inte	

Form 990 (2019)

	hours for related organizations below	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee					th an from the stee) organization		(E) Reportable compensation from related organizations (W-2/1099-MISC)	of other compensation from the
	dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(w-2/1099-MISC)	organization and related organizations
										·
Subtotal							•	50,000		
Total from continuation sh Total (add lines 1b and 1c)								50,000		
Total number of individuals ( reportable compensation from	including but not	limite	ed to	thos	e lis	ted a	bove)		\$100,000 of	
Did the organization list any employee on line 1a? <i>If "Yes</i> For any individual listed on li organization and related orga <i>individual</i> Did any person listed on line for services rendered to the	former officer, di ," complete Sche ne 1a, is the sum anizations greater 1a receive or acc organization? <i>If</i> "	recto dule of re r than	r, tru <i>J foi</i> eport n \$15	r suci able 50,00 pens	h ind com 0? i ation	dividu npens If "Ye	al sation s," co n any	and other compensation f mplete Schedule J for suc unrelated organization or	rom the h individual	
tion B. Independent Contract Complete this table for your	five highest comp	ensa	ated	indep	oenc	dent o	contra	ctors that received more th	nan \$100,000 of	
compensation from the organ	nization. Report o (A) nd business address	omp	ensa	ation	for t	he ca	alenda	ar year ending with or within	n the organization's tax y (B) on of services	/ear. (C) Compensatio
Name ar	nd büsiness address		_					Descripti	ON OT SERVICES	Compensatio
			-							

Form 990 (2019) OPEN DOOR OF HOPE, INC.

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (B) Related or exempt (A) Total revenue from tax under function revenue business revenue sections 512-514 Grants 1a Federated campaigns 1a 39,350 b Membership dues 1b Gifts, ( ilar Am c Fundraising events 1c d Related organizations 1d 11,267 e Government grants (contributions) Contributions, and Other Sim 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 671,140 1f 6,000 g Noncash contributions included in lines 1a-1f ..... 1g \$ 721,757 h Total. Add lines 1a-1f ... Business Code 16,833 16,833 2a PROGRAM RENTS Program Service Revenue b С d e f All other program service revenue ..... 16,833 g Total. Add lines 2a-2f ..... 3 Investment income (including dividends, interest, and 325 325 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b 6c c Rental inc. or (loss) d Net rental income or (loss) ► 7a Gross amount from (i) Securities (ii) Other sales of assets 20,000 7a other than inventory Revenue b Less: cost or other 20,000 basis and sales exps. 7b 7c c Gain or (loss) Other d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b Þ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory . **Business** Code scellaneous Revenue 11a b iscel C d All other revenue Total. Add lines 11a-11d e 325 738,915 16,833 0 Total revenue. See instructions 12

Form 990 (2019)

Page 9

26-4436314

Form 990 (2019) OPEN DOOR OF HOP	E, INC.	26-4	436314	-
Part IX Statement of Functional Exp	enses			
Section 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			complete column (A).	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisin expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21     Grants and other assistance to domestic				

17,594

50,000

165,943

18,983

1,970

1,498

2,862

12,994

102,817

727

14,070

17,880

13,848

23,166

14,298

8,120

8,113

22,977

497,860

17,594

151,616

102,817

14,070

17,328

23,166

14,298

1,181

345,186

3,116

50,000

14,327

18,983

1,970

1,498

2,862

727

552

10,732

8,120

8,113

15,138

146,016

12,994

	individuals. See Part IV, line 22	<u>.</u>
3	Grants and other assistance to foreign	
	organizations, foreign governments, and foreign	
	individuals. See Part IV, lines 15 and 16	
4	Benefits paid to or for members	
5	Compensation of current officers, directors,	

٠.	compensation of carrent empered another
	trustees, and key employees
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
- 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)
- 9 Other employee benefits10 Payroll taxes
- 11 Fees for services (nonemployees):
- a Management
- b Legal
- c Accounting d Lobbying
- e Professional fundraising services. See Part IV, line 17
- f Investment management fees q Other. (If line 11g amount exceeds 10% of line 25, column
- (A) amount, list line 11g expenses on Schedule O.)
- 12
   Advertising and promotion

   13
   Office expenses
- 14 Information technology15 Royalties
- Occupancy
   Travel
   Payments of travel or entertainment expenses for any federal, state, or local public officials
- Conferences, conventions, and meetings
   Interest
   Payments to affiliates
- Payments to affiliates
   Depreciation, depletion, and amortization
   Insurance
   Other expenses. Itemize expenses not covered
- 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)
- a OTHER PROGRAM EXPENSES b VETERANS VILLAGE EXPENSE
- c CONTRACT SERVICES
- d AUTOMOBILE EXPENSE
- e All other expenses
  25 Total functional expenses. Add lines 1 through 24e
  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs
  - from a combined educational campaign and fundraising solicitation. Check here ▶ \_ \_ \_ if following SOP <u>98-2</u> (ASC <u>95</u>8-720)

6,658

6,658

		(2019) OPEN DOOR OF HOPE, INC		26-	4436314		Page 11
Pa	art X		1	a this Dort Y			
		Check if Schedule O contains a response or note	to any line in		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			127,895	1	371,138
	2	Cash—non-interest-bearing Savings and temporary cash investments	•••••	*****************	409	2	688
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these perso	ontributor, or			5	
	6	Loans and other receivables from other disqualified perso					
10	Ŭ	under section 4958(f)(1)), and persons described in sec		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Inventories for sale or use Prepaid expenses and deferred charges	********			9	
		Land, buildings, and equipment: cost or other					
1	IVa	basis. Complete Part VI of Schedule D	10a	534,306			
	h	Less: accumulated depreciation	10h	61,045	484,588	10c	473,261
18	11	Investments—publicly traded securities			10,707		13,259
	12	Investments—other securities. See Part IV, line 11		******		12	
	13	Investments—program-related. See Part IV, line 11	*******		13		
	14				2,345	14	1,793
	15	Intangible assets Other assets. See Part IV, line 11	*********	*****************		15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)	***************	625,944	16	860,139
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue	* * * * * * * * * * * * *	******		19	
	20	Tax-exempt bond liabilities	**********	******		20	
	21	Escrow or custodial account liability. Complete Part IV o	of Schedule	D		21	
s	22	Loans and other payables to any current or former office		Sector se			
itie		trustee, key employee, creator or founder, substantial ca		r 35%			
Liabilities		controlled entity or family member of any of these perso			1994 CORE CONTRACTOR CONT	22	
Ë	23	Secured mortgages and notes payable to unrelated third	d parties	****************	294,002	23	284,590
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D			Summer and states	25	
	26	Total liabilities. Add lines 17 through 25			294,002	26	284,590
		Organizations that follow FASB ASC 958, check here	e 🕨 🗌				
es		and complete lines 27, 28, 32, and 33.					
Fund Balances	27			~~~~~		27	
Bal	28	Net assets with donor restrictions		28			
pu	177	Organizations that do not follow FASB ASC 958, che	eck here 🕨	X			
		and complete lines 29 through 33.					
or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipment			the second s	30	
Ass	31	Retained earnings, endowment, accumulated income, c			331,942	31	575,549
Net Assets or	32				331,942	32	575,549
4	33	Total liabilities and net assets/fund balances			625,944	33	860,139

860,139 Form 990 (2019)

	019) OPEN DOOR OF HOPE, INC. 26-4436314			Pa	age 12
Part XI	Reconciliation of Net Assets				
4 T-1-1-	Check if Schedule O contains a response or note to any line in this Part XI	1			915
1 Total r	evenue (must equal Part VIII, column (A), line 12)	2			860
2 Total e	expenses (must equal Part IX, column (A), line 25)	3			055
3 Reven	ue less expenses. Subtract line 2 from line 1				942
4 Net as	sets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5		552
5 Net un	realized gains (losses) on investments	6	-	41	554
6 Donate	ed services and use of facilities	7		-	
	nent expenses				
8 Prior p	eriod adjustments	8		-	
9 Other	changes in net assets or fund balances (explain on Schedule O)	9			
	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		e.	75	E40
32, co	umn (B))	10	5	15,	549
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	ensinise		1 C	
				Yes	No
	nting method used to prepare the Form 990: X Cash Accrual Other				
	rganization changed its method of accounting from a prior year or checked "Other," explain in				
Sched					
	he organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	," check a box below to indicate whether the financial statements for the year were compiled or				
review	ed on a separate basis, consolidated basis, or both:				
	parate basis Consolidated basis Both consolidated and separate basis				
	he organization's financial statements audited by an independent accountant?		2b		X
If "Yes	," check a box below to indicate whether the financial statements for the year were audited on a				
separa	te basis, consolidated basis, or both:				
Se	parate basis Consolidated basis Both consolidated and separate basis				
c If "Yes	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
the au	dit, review, or compilation of its financial statements and selection of an independent accountant?		2c	1.10	
If the c	rganization changed either its oversight process or selection process during the tax year, explain on				
Sched	ule O.				
3a Asare	sult of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Single	Audit Act and OMB Circular A-133?		3a		-
b If "Yes	did the organization undergo the required audit or audits? If the organization did not undergo the		15.0	111	
- 10 A. 10 A.	d audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

Form 990 (2019)

# **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.

SCHEDULE A

(Form 990 or 990-EZ)

	ernal Revenue Service						Open to Public
		► Go t	o www.irs.gov/Form990 for i	instructions	and the la		Inspection
lame of the o	organization	OPEN DOOR OF	F HOPE, INC.			Employer identi 26-443	
Part I	Reaso	on for Public Charity	Status (All organization)	ns must co	mplete th	nis part.) See instruction	IS.
he organi	zation is not a	a private foundation becau	se it is: (For lines 1 through 12	2, check only	one box.)		
1 A	A church, con	vention of churches, or as	sociation of churches describe	d in section	170(b)(1)(	A)(i).	
			(A)(ii). (Attach Schedule E (Fo				
			vice organization described in s				
4 🗌 A	A medical res	earch organization operate	ed in conjunction with a hospita				ospital's name,
5 🗌 A		on operated for the benefit	of a college or university owne	ed or operate	ed by a gov	ernmental unit described in	
		b)(1)(A)(iv). (Complete Par	and the second second states and the second s	ention 17	0/6//1/ 6/	4	
7 🗌 A	An organizatio		governmental unit described ir a substantial part of its support				
			170(b)(1)(A)(vi). (Complete Partini)	art II \			
9 A	An agricultura	l research organization de	escribed in section 170(b)(1)(A)	(ix) operate			e
	iniversity:	a non land grant conogo	or agricaliaro (coo monacioni	Syr Entor the	namo, engi		
10 X A ri s	An organization eceipts from support from g	activities related to its exe gross investment income a	(1) more than 33 1/3% of its sumpt functions—subject to certand unrelated business taxable 30, 1975. See section 509(a)(	ain exception income (les	ns, and (2) is section 5	no more than 33 1/3% of its	SS
			exclusively to test for public s		1. A	(a)(4).	
12 🗌 A o	An organization	on organized and operated e publicly supported organ	exclusively for the benefit of, izations described in section s	to perform th 509(a)(1) or	ne functions section 50	of, or to carry out the purpos 9(a)(2). See section 509(a)(3	3).
C	_		that describes the type of supp				
a	the suppo	rted organization(s) the po	perated, supervised, or controll ower to regularly appoint or ele complete Part IV, Sections A	ct a majority			19
b	control or	management of the suppo	upervised or controlled in conr orting organization vested in th e Part IV, Sections A and C.				ed
c	Type III fu	unctionally integrated. A	supporting organization opera structions). You must comple				th,
d [	Type III n that is not	on-functionally integrate functionally integrated. Th	d. A supporting organization on organization on organization generally must	perated in c satisfy a dis	onnection w	vith its supported organization quirement and an attentivene	
E.			must complete Part IV, Sect				
e	Check this	s box if the organization re	ceived a written determination	from the IR	S that it is a	Type I, Type II, Type III	
			on-functionally integrated supp	orting organ	ization.		
		ber of supported organiza					· · · · · ·
			the supported organization(s).	Turrente		And the second s	
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o listed in you		(v) Amount of monetary	(vi) Amount of
organ	nization		(described on lines 1–10 above (see instructions))	docur	•	support (see instructions)	other support (see instructions)
			above (see instructions/)	the second second		insu denona)	manadationay
A)			1	Yes	No		
B)							
C)				-			
(D)	-						
(E)			2				
-							
otal							

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

OMB No. 1545-0047

2019

t II Support Schedule for Or			NC.		-4436314	Page 2
(Complete only if you chee	ked the box o	Described in S n line 5, 7, or 8	ections 170(b of Part I or if t	he organization	failed to qualify	
	Tails to quality	under the test	s listed below,	blease complet	er art m.)	
dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						1
The value of services or facilities furnished by a governmental unit to the organization without charge						
			(	F		
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)						
Public support. Subtract line 5 from line 4						
	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. Add lines 7 through 10						)
Gross receipts from related activities, etc.	(see instructions)				12	
organization, check this box and stop here	ə					
Public support percentage for 2019 (line 6,	, column (f) divide	d by line 11, colun	nn (f))			%
Public support percentage from 2018 Sche	edule A, Part II, lir	ne 14				%
33 1/3% support test—2019. If the organi	zation did not che	eck the box on line	13, and line 14 is	33 1/3% or more, o	check this	
box and stop here. The organization quali	fies as a publicly	supported organiza	ation			🕨 🗋
						-
						innanan 🖻 L
10% or more, and if the organization meet	s the "facts-and-c	ircumstances" test	, check this box ar	nd stop here. Expl	ain in	
						•
	8. If the organizat	ion did not check a	box on line 13, 10	6a, 16b, or 17a, ar	d line	
승규는 것 같은 것 같				and the second		
Private foundation. If the organization did	I not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	ee	
	Ion A. Public Support         Jar year (or fiscal year beginning in)         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")         Tax revenues levied for the organization's benefit and either paid to or expended on its behalf         The value of services or facilities furnished by a governmental unit to the organization without charge         Total. Add lines 1 through 3         The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)         Public support. Subtract line 5 from line 4         Gorss income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources         Net income from unrelated business activities, whether or not the business is regularly carried on         Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)         Total support. Add lines 7 through 10         Gross receipts from related activities, etc.         First five years. If the Form 990 is for the organization, check this box and stop here.         this box and stop here. The organization quali 33 1/3% support test—2018. If the organi box and stop here. The organization quali 33 1/3% support test—2018. If the organi this box and stop here. The organization dual 33 1/3% support test—2018. If the organi box and stop here. The organization meet Part VI how the organization meet Part VI how the organization meet supanited organization <td>ion A. Public Support         dar year (or fiscal year beginning in)       (a) 2015         Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2015         Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       (a) 2015         The value of services or facilities furnished by a governmental unit to the organization without charge       (b) 2015         Total. Add lines 1 through 3       (c) 2015         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)       (a) 2015         Public support. Subtract line 5 from line 4       (a) 2015         Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       (a) 2015         Net income from unrelated business is regularly carried on       (c) 2015         Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       (c) 2015         Total support. 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Public Support         iar year (or fiscal year beginning in)       (a) 2015       (b) 2016       (c) 2017         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2015       (b) 2016       (c) 2017         Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       (b) 2016       (c) 2017         Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       (c) 2017       (c) 2017         The value of services or facilities the organization without charge       (c) 2017       (c) 2017         Total. Add lines 1 through 3       (c) 2016       (c) 2017         The value of services or facilities the organization's included on supported organization's included on supported organization's included on supported organization's from led 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4</td> <td>ion A. Public Support         iar year (or fiscal year beginning in)       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Gifts, grants, contributions, and membership less received. (Do not include any 'unusual grants.')       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Gifts, grants, contributions, and membership less received. (Do not include any 'unusual grants.')       (d) 2018       (d) 2018         Tar sevenues levid for the organization without charge experised. (Do not ints behalf       (d) 2018       (d) 2018         Total. Add lines 1 through 3       The portion of total contributions by each person (Other than a governmental unit or publicly supported organization without charge each person (Other than a governmental unit or publicly supported organization without charge 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)       (d) 2015       (b) 2016       (c) 2017       (d) 2018         Public support.       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Arnounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Arnounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Gross income from interest, dividends, payments received on securities loans, payments received on securities loans, payments received on securities loans       (a) 2015       (b) 2016<td>far year (or fiscal year beginning in)        <ul> <li>(a) 2015</li> <li>(b) 2016</li> <li>(c) 2017</li> <li>(d) 2018</li> <li>(e) 2019</li> <li>(e) 2019</li> <li>(fis, grants, contributions, and membership fees received. 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Public Support         dar year (or fiscal year beginning in)       (a) 2015         Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2015         Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       (a) 2015         The value of services or facilities furnished by a governmental unit to the organization without charge       (b) 2015         Total. Add lines 1 through 3       (c) 2015         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)       (a) 2015         Public support. 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Add lines 1 through 3       (c) 2016       (c) 2017         The value of services or facilities the organization's included on supported organization's included on supported organization's included on supported organization's from led 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4       (a) 2015       (b) 2016       (c) 2017         Amounts from line 4	ion A. Public Support         iar year (or fiscal year beginning in)       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Gifts, grants, contributions, and membership less received. (Do not include any 'unusual grants.')       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Gifts, grants, contributions, and membership less received. (Do not include any 'unusual grants.')       (d) 2018       (d) 2018         Tar sevenues levid for the organization without charge experised. (Do not ints behalf       (d) 2018       (d) 2018         Total. Add lines 1 through 3       The portion of total contributions by each person (Other than a governmental unit or publicly supported organization without charge each person (Other than a governmental unit or publicly supported organization without charge 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)       (d) 2015       (b) 2016       (c) 2017       (d) 2018         Public support.       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Arnounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Arnounts from line 4       (a) 2015       (b) 2016       (c) 2017       (d) 2018         Gross income from interest, dividends, payments received on securities loans, payments received on securities loans, payments received on securities loans       (a) 2015       (b) 2016 <td>far year (or fiscal year beginning in)        <ul> <li>(a) 2015</li> <li>(b) 2016</li> <li>(c) 2017</li> <li>(d) 2018</li> <li>(e) 2019</li> <li>(e) 2019</li> <li>(fis, grants, contributions, and membership fees received. 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Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 OPE	N DOOR OF	HOPE, INC	c	26-	4436314	Page 3
	rt III Support Schedule for Or (Complete only if you check If the organization fails to c	ganizations De ked the box on	escribed in Section 10 of Part	ction 509(a)(2) I or if the organ	nization failed to		Part II.
Sec	tion A. Public Support	quality under the	e lesis iisleu be	iow, please co	inplete r art il.)		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	134,254	164,641	433,878	386,008	721,757	1,840,538
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,993	1,500	907	10,101	16,833	32,334
3	Gross receipts from activities that are not an unrelated trade or business under section 513	9,616	954				10,570
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	146,863	167,095	434,785	396,109	738,590	1,883,442
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,883,442
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	146,863	167,095	434,785	396,109	738,590	1,883,442
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				293	325	618
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b				293	325	618
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				and and		
14	and 12.) First five years. If the Form 990 is for the	146,863	167,095	434,785	396,402	738,915	1,884,060
14	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2019 (line 8,			n (f))		15	99.97%
16	Public support percentage from 2018 Sche						99.98%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2019 (lin						%
18	Investment income percentage from 2018	Schedule A, Part III	l, line 17				%
19a	<b>33 1/3% support tests—2019.</b> If the organ 17 is not more than 33 1/3%, check this bo						► X
b	33 1/3% support tests-2018. If the organ	nization did not chee	ck a box on line 14	or line 19a, and li	ne 16 is more than	n 33 1/3%, and	
20	line 18 is not more than 33 1/3%, check the <b>Private foundation</b> . If the organization did	Contraction of the second second	The second secon	A CONTRACT OF A CONTRACT OF A CONTRACT OF			
EU.	r rivate roundation. Il the oldanization did	HOLOHOUN & DUX UP	1 III O IT. 100, UI I	OD, OHOUN HIS DUX	and oou mou dollo		CARDONNAL CONTRACT

Schedule A (Form 990 or 990-EZ) 2019

Pa	<b>t IV</b> Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, comp and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	I, complete		Page
ect	ion A. All Supporting Organizations			
		[	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-u	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
5	designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
C				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	c		(1999) 1999 1999
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	0		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0		
10	in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<u>9a</u>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			HINK
2.	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		GIRALIU	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<u>9c</u>		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		EZ) 2

Schedu	Ile A (Form 990 or 990-EZ) 2019 OPEN DOOR OF HOPE, INC.	26-4436314	_	Page 5
Par	t IV Supporting Organizations (continued)			
		[	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part ion B. Type I Supporting Organizations	VI. 11c		
Dect	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supportion organization? If "Yes," explain in Part			
	<i>VI</i> how providing such benefit carried out the purposes of the supporting organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	(annin)	
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
1	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price	or tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ne		
	organization's governing documents in effect on the date of notification, to the extent not previously provided	? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h	ow		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	-	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government	entity (see instructions).		
2 /	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	200000000000000000000000000000000000000		
N				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	_	-

3b Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			1
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2019

Amounts paid to supported organizations to accomplish exempt purposes      Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity     Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity     Administrative expenses paid to accomplish exempt purposes of supported organizations     Administrative expenses paid to accomplish exempt purposes     Outilide deviations and directly furthers exempt organizations     Outilide deviations and distributions, activity, See instructions.     Total annual distributions, Add lines 1 through 6.     Distributes anount for 2016 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes anount for 2019 from Section C, line 6     Distributes analyses and the section S, line 6     Distributes and the section S, line 6     Distributes analyses and the section S, line 6     Distributes and the section S, line 6     Distributes and the section S, line 6     Distributes analyses and the section S, line 6     Distributes and the section S, line 6     Distrib	Par	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organiza	tions (continued)					
<ul> <li>A Anomis paid to parform activity that directly furthers exempt purposes of supported organizations.</li> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations.</li> <li>Administrative expenses paid to accomplish exempt purposes of supported organizations.</li> <li>Charl distributions (prior IRS approval required)</li> <li>Other distributions (prior IRS approval required)</li> <li>Total annual distributions. Add lines 11 through 6.</li> <li>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</li> <li>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</li> <li>Distribute amount divided by line 9 amount</li> <li>Distribution and locations (see instructions)</li> <li>Excess Distribution Allocations (see instructions)</li> <li>Distributable amount for 2019 from Section C, line 6</li> <li>Underdistributions (prior approximation to 2019 (interprivation to</li></ul>	Secti	ion D - Distributions			Current Year				
a Administrative expenses paid to accomplish exempt purposes of supported organizations       Image: Compliant exempt-use assets         4 Amounts paid to acquire exempt-use assets       Image: Compliant exempt-use assets         6 Outer distributions (deror IRS approval required)       Image: Compliant exempt-use assets         7 Total annual distributions. Add lines 1 through 6.       Image: Compliant exempt-use assets         9 Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions.       Image: Compliant exempt-use assets         9 Distributions details in Part VI). See instructions.       Image: Compliant exempt-use assets       Image: Compliant exempt-use assets         9 Distributions distribution Allocations (see instructions)       Image: Compliant exempt-use assets       Image: Compliant exempt-use assets         1 Distributions of any types prior to 2019 (reasonable cause required-explain in Part VI). See instructions.       Image: Compliant exempt-use assets       Image: Compliant exempt-use assets         1 From 2016.       Image: Compliant exempt-use assets       Image: Compliant exempt-use assets       Image: Compliant exempt-use assets         1 Carryour from 2014 or Compliant exempt exempt provide exempt provide exempt provide exempt exempt exempt provide exempt exempt provide exempt exempt exempt exempt exempt ex	1	Amounts paid to supported organizations to accomplish exempt purposes							
3       Administrative expenses paid to accomplish exempt purposes of supported organizations	2	그는 것 같은 것 같	oses of supported						
4       Anounts paid to acquire exempt-use assets	3		upported organizations						
5         Qualified set-aside amounts (prior IRS approval required)            6         Other distributions (describe in Part VI). See instructions.            7         Total annual distributions. Add lines 1 through 6.            8         Distributable amount for 2019 from Section C, line 6            9         Distributable amount for 2019 from Section C, line 6            1         Distributable amount for 2019 from Section C, line 6            2         Underdistributions if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.         (i)         (ii)           1         Distributable amount for 2019 from Section C, line 6             2         Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.             3         Excess distributions carrover, if any, to 2019              4         From 2016.               6         From 2016.               1         Total of lines 3a through e               9         Applied to underdistributions of prior years </td <td>-</td> <td></td> <td></td> <td></td> <td></td>	-								
6       Other distributions (describe in Part VI). See instructions.       Image: Control of					1				
7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	1.7								
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       Image: Context or	-	A							
9       Distributable amount for 2019 from Section C, line 6       (i)       (ii)       (iii)       (iii)         1       Distributable amount of 2019 from Section C, line 6       Impact to the section of the sectin the section of the section of the section of	-	Distributions to attentive supported organizations to which the organizations	anization is responsive						
0       Line 8 amount divided by line 9 amount       (i)       (ii)       (iii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       Inderdistributions       Pre-2019       Distributable amount for 2019 from Section C, line 6         1       Distributable amount for 2019 from Section C (line 6       Inderdistributions, fany, for years prior to 2019       Inderdistributions       Inderdistributions       Inderdistributions         3       Excess distributions carryover, if any, to 2019       Inderdistributions       Inderdistributions       Inderdistributions         6       From 2016       Inderdistributions of prior years       Inderdistributions of prior years       Inderdistributions of prior years         h       Applied to underdistributions of prior years       Inderdistributions of prior years       Inderdistributions of prior years         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.       Inderdistributions of prior years       Inderdistributions of prior years         j       Applied to underdistributions of prior years       Inderdistributions of prior years       Inderdistributions of prior years         j       Remainder. Subtract lines 3g, and 3i from 3f.       Inderdistributions of prior years       Inderdistributions of prior years         j       Applied to underdistributions of prior years       Inderdistributions of prior years       Inderdistributions of pri									
Section E - Distribution Allocations (see instructions)         (i)         (ii)         (iii)         (iii)         (iii)         (iii)         (iii)         Distributions           1         Distributable amount for 2019 from Section C, line 6	-								
Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-2019Distributal Amount for1Distributable amount for 2019 from Section C, line 6Image: Construction of the construction of	0	Line 8 amount divided by line 9 amount							
2       Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a       From 2014.         b       From 2015.         c       From 2016.         d       From 2017.         e       From 2018.         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions of prior years         b       Applied to underdistributions of prior years         b       Applied to 2019 distributable amount         c       Remaining underdistributions of prior years         b       Applied to 2019 from         Section D, line 7:       \$         a       Applied to 2019 distributable amount         c       Remaining underdistributions of prior years         b       Applied to 2019 distributable amount         c       Remaining underdistributions of prior years         b       Applied to 2019 distributable amount         c		Section E - Distribution Allocations (see instructions)		Underdistributions	(iii) Distributable Amount for 2019				
(reasonable cause required-explain in Part VI). See instructions.       Image: Second Scipbultons carryover, if any, to 2019         a From 2014	1	Distributable amount for 2019 from Section C, line 6							
3       Excess distributions carryover, if any, to 2019         a       From 2014         b       From 2015         c       From 2016         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from         Section D, line 7:       \$         a       Applied to underdistributions of prior years         b       Applied to underdistributions of prior years         c       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         f       Cartyover from 2019 from         Section D, line 7:       \$         a       Applied to underdistributions of prior years         b       Applied to underdistributions for 2019, if         any. Subtract lines 3g and 4a from 1ne 2. For result       greater than zero, explain in Part VI. See instructions.         f       Remaining underdistributions for 2019. Subtract lines 3h       and 4b from line 1. For result greater than zero, explain in         part VI. See instruction	2	(reasonable cause required-explain in Part VI). See							
a From 2014       b         b From 2015       c         c From 2016       c         d From 2017       c         e From 2018       c         f Total of lines 3a through e       c         g Applied to underdistributions of prior years       c         h Applied to underdistributions of prior years       c         h Applied to underdistributions of prior years       c         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       c         J Distributions for 2019 from       c         section D, line 7:       \$         a Applied to underdistributions of prior years       c         b Applied to underdistributions of prior years       c         b Applied to underdistributions of prior years       c         b Applied to underdistributions for years prior to 2019, if       c         any. Subtract lines 3g and 4a from 4.       c         c Remaining underdistributions for 2019. Subtract lines 3h       c         and 4b from line 1. For result greater than zero, explain in       c         greater than zero, explain in Part VI. See instructions.       c         7       Excess from 2015       c         b Excess from 2016       c       c         b Excess from 2016       c       c <td>3</td> <td></td> <td></td> <td></td> <td></td>	3								
b       From 2015       Image: Construction of the set of the									
c       From 2016       Image: Section 2017         e       From 2017       Image: Section 2017         f       Total of lines 3a through e       Image: Section 2018         g       Applied to underdistributions of prior years       Image: Section 2014 not applied (see instructions)         i       Carryover from 2014 not applied (see instructions)       Image: Section 2019 form         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.       Image: Section 2019 form         section D, line 7:       \$       Image: Section 2019 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.       Image: Section 2019 distributions of prior years         b       Applied to 2019 distributions for years prior to 2019, if       Image: Section 2019 distributions for years prior to 2019, if         any. Subtract lines 3g and 4a from Ine 2. For result       Image: Section 2019. Subtract lines 3h       Image: Section 2019. Subtract lines 3h         and 4b from Ine 1. For result greater than zero, explain in       Image: Section 2019. Subtract lines 3h       Image: Section 2019. Subtract lines 3j         and 4c.       Image: Section 2015.       Image: Section 2015.       Image: Section 2015.         7       Excess distributions carryover to 2020. Add lines 3j       Image: Section 2015.       Image: Section 2015.         8       Breakdown of line 7:       Image: Section 20									
d From 2017	-								
e From 2018       Fortal of lines 3a through e       Image: Section 1 and the section 2 a									
f Total of lines 3a through e       Image: Construction of prior years       Image: Construction of prior years         g Applied to underdistributions of prior years       Image: Construction of prior years       Image: Construction of prior years         i Carryover from 2014 not applied (see instructions)       Image: Construction of prior years       Image: Construction of prior years         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       Image: Construction of prior years       Image: Construction of prior years         a Applied to underdistributions of prior years       Image: Construction of prior years       Image: Construction of prior years         b Applied to 2019 distributable amount       Image: Construction of prior years       Image: Construction of prior years         c Remainder. Subtract lines 4a and 4b from 4.       Image: Construction of prior years prior to 2019, if       Image: Construction of prior years         f Remaining underdistributions for zo19. Subtract lines 3h       Image: Construction of prior years       Image: Construction of prior years         f Remaining underdistributions for 2019. Subtract lines 3h       Image: Construction of prior years       Image: Construction of prior years         f Excess distributions carryover to 2020. Add lines 3j       Image: Construction of prior years       Image: Construction of prior years         g Breakdown of line 7:       Image: Construction of prior years       Image: Construction of prior years       Image: Construction of prior yea									
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4       Distributions for 2019 from Section D, line 7:       \$         a       Applied to underdistributions of prior years	Ť								
a Applied to underdistributions of prior years	4	Distributions for 2019 from							
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c       Remainder. Subtract lines 4a and 4b from 4.       Image: Construction of the structure of the structur									
5       Remaining underdistributions for years prior to 2019, if         any. Subtract lines 3g and 4a from line 2. For result         greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017									
6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Image: Construction in the image: Constructine in the image: Construction in the image: Construction in the im	0.00	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result							
Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017	6	Remaining underdistributions for 2019. Subtract lines 3h							
and 4c.	7	Part VI. See instructions.							
a Excess from 2015	<i>'</i>	and 4c.							
b Excess from 2016	-								
c Excess from 2017	a	Excess from 2015							
d Excess from 2018									
	d	Excess from 2018							

Schedule A (Fo	orm 990 or 990-EZ) 2019	OPEN I	OOR OF	HOPE,	INC.		26-4436314	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; I 3a, and 3b; Part V	formation. P /, Section A, I Part IV, Sectio /, line 1; Part	rovide the ines 1, 2, 3 on C, line 1 V, Section	explanatio 3b, 3c, 4b, I; Part IV, S B, line 1e	ns required 4c, 5a, 6, 9 Section D, I ; Part V, Se	a, 9b, 9c, 11a, 11 ines 2 and 3; Part	Part II, line 17a or o, and 11c; Part IV, IV, Section E, lines and 8; and Part V, uctions.)	Section 1c, 2a, 2b,
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DAA

#### Schedule B (Form 990, 990-EZ,

#### or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## OPEN DOOR OF HOPE, INC.

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

Schedule of Contributors

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

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2019

Employer identification number

26-4436314

PAGE 1 OF 3 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Employer identification number Name of organization 26-4436314 OPEN DOOR OF HOPE, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** FRED B & OPAL S WOOSLEY FOUNDATION Х Person 1 900 KENTUCKY HOME LIFE BLDG. Payroll 9,000 Noncash **KY 40202** LOUISVILLE (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 2 COMMUNITY FOUNDATION OF LOUISVILLE Person X 325 WEST MAIN STREET, SUITE 1110 Payroll \$ 10,000 Noncash LOUISVILLE KY 40202 (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 X METRO UNITED WAY Person P.O. BOX 4488 Payroll \$ 39,350 Noncash LOUISVILLE KY 40204 (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 4.... SHELBY CHRISTIAN CHURCH Person X 2375 FRANKFORT ROAD Payroll 5,200 Noncash SHELBYVILLE KY 40065 (Complete Part II for noncash contributions.) (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 Total contributions 5 PRICE FOUNDATION INC Person х Payroll 15111 BECKLEY CROSSING DRIVE 60,000 Noncash KY 40245 LOUISVILLE (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X SOUTHEAST CHRISTIAN CHURCH Person 920 BLANKENBAKER PKWY Payroll \$ 77,463 Noncash KY 40243 LOUISVILLE (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

lame of o	(Form 990, 990-EZ, or 990-PF) (2019) rganization	E	E 2 OF 3 Page Page Page Page Page Page Page Page
OPEN	DOOR OF HOPE, INC.		6-4436314
Part I	Contributors (see instructions). Use duplicate copies of Pa		eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	SHELBY COUNTY FISCAL COURT 419 WASHINGTON STREET SHELBYVILLE KY 40065	\$9,167	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	SHELBY SEPTIC SERVICE, LLC PO BOX 1461 SHELBYVILLE KY 40066	HELBY SEPTIC SERVICE, LLC D BOX 1461 \$ 6,800	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	THE MPB CHARITABLE FOUNDATION 274 WHITE POND DRIVE AKRON OH 44320	\$ 146,700	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	ROBERT & CYNTHIA DIAMOND 170 HENRY VEECH ROAD FINCHVILLE KY 40022	\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>No.</u>	DAN BURKE PO BOX 1251 SHELBYVILLE KY 40066	\$ 35,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	YVONNE SCHMIDT 98 WEDGEWOOD DRIVE SHELBYVILLE KY 40065	\$35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	(Form 990, 990-EZ, or 990-PF) (2019) rganization	Er	E 3 OF 3 Pa nployer identification number
	DOOR OF HOPE, INC.	The second second second second	6-4436314
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PHILIP ZOELLER & LAURA ROBINSON 3410 TUCKER WOOD LANE LOUISVILLE KY 40299	\$35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DAMETRE & JESSICA COCHRAN 2632 AIKEN ROAD SHELBYVILLE KY 40065	JESSICA COCHRAN N ROAD \$ 11,565	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	FIRST KENTUCKY TRUST 295 N HUBBARDS LANE STE 302 LOUISVILLE KY 40207	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SHAWN WILLARD 1340 ST ANDREWS DRIVE SHELBYVILLE KY 40065	\$6,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	SHUCK FENCE COMPANY PO BOX 805 SHELBYVILLE KY 40066	\$5,120	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18.	GERALD SEBREE 522 FOXWOOD COURT SHELBYVILLE KY 40065	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Supp	lemental	Financial	Statements
CUPP	Gineritai	1 manorar	otatomonto

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

Department of the Treasury Internal Revenue Service

SCHEDULE D

(Form 990)

DAA

2019 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions a	and the	latest	information
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Name	of	the	organization
	•••		organization

First I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 6.         1       Total number at end of year       (a) Pards zero dere accearts         2       Aggregate value of contributions to (during year)       (b) Pards zero dere accearts         3       Aggregate value of contributions to (during year)       (b) Pards zero dere accearts         4       Aggregate value of contributions to (during year)       (c) Pards zero dere accearts         5       Did the organization inform at denors and donor advisors in writing that grant funds can be used only for chamble purposes and not for the benefit?       (v) Pard III         6       Dod the organization inform at grantees, donors, and donor advisors in writing that grant funds can be used only for chamble purposes and not for the benefit?       (v) Pard IIII       Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         9       Perseevation of natural habitat       Preservation of a bitstrictally important land area       Preservation of a bitstrictally important land area         1       Propersety of conservation easements.       20       Heid at the End of the Tax Year         3       Total number of conservation easements in a custome distor structure included in (a) acceared after 725005, and not on a       20         4       Total consequeration easements in acceared after 725005, and not on a       20	c	OPEN DOOR OF HOPE, INC.		26-4	436314
Total number at end of year     Aggregate value of contributions to (during year)     Det due organizations inform all grantees, donors, and donor advisors in writing that the assets held in donor advised     funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used     only for drahafbe purposes and not for the benefit of the donor or donor advisor, for any other purpose     conferring impermissible private benefit?     Purpose(s) of conservation casements.     Complete if the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used     only for drahafbe purposes and not for the benefit of the donor or donor advisor, or for any other purpose     conferring impermissible private benefit?     Preservation of and for public use (for example, recreation or educatin)     Preservation of a fand for public use (for example, recreation or educatin)     Preservation of a conservation casements.     Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation     casement on the last day of the tax year.     Total anomedia conservation casements     Za     Houtber of conservation casements included in (a)     Ze     Za     Number of conservation casements included in (a) conservation conservation assements included in (b)     Receiver advisor, and endore advisor advisor, and enforcing conservation easements during the year     Number of conservation easements modified, transferred, released, exingulabed, or terminated by the organization for the conservation assements included in (a)     Ze     Za     Number of conservation easements modified, transferred, released, exingulabed, or terminated by the organization is accounting the year     S	******	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A		
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Aggregate value at end of year     Did the organization inform all donors advisors in writing that the assets held in donor advisor     for day are the organization inform all donors advisors in writing that the assets held in donor advisor     for day are the organization inform all grantees, donors, and donor advisor, or for any other purpose     confirming impumisable plutose benefit?         Preservation of an advisors and donor advisor, or for any other purpose         Complete in the organization inform all grantees, donors, and donor advisor, or for any other purpose         Complete in the organization narwered "Yes" on Form 990, Part IV, line 7.         Purpose(s) conservation essements held by the organization (check all that apply).         Preservation of a historically important land area         Preservation of a historically important land area         Preservation of a certified historic structure         Preservation of a certified historic structure         Total number of conservation essements.         Za         Total number of conservation essements         Advisor (conservation essements included in (c) captured attr. 72506, and not on a         historic structure list of the conservation essements included in (c) captured attr. 72506, and not on a         historic structure listed in the National Register         Number of conservation essements included in (c) captured attr. 72506, and not on a         historic structure listed in the national Register         Number of conservation essements included in (c) captured attr. 72506, and not on a         historic structure listed in the conservation essements included in (c)         Capture data (c) applicated attr. 72506, and not on a         historic structure listed in monitoring, inspecting, handling of violations, and enforcing conservation essements included in (c)         Capture data (c) conservation essements during the year         \u00ex on the desentes modified, transferred, relased, extinguished, or terminated by the orga		Aggregate value of grants from (during year)			
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors during the organization's property, subject to the organization's exclusive legal control?</li> <li>6 Did the organization's property, subject to the organization's exclusive legal control?</li> <li>7 Part.III Conservation Easements.</li> <li>8 Conservation Easements held by the organization (access of the organization's property advisor).</li> <li>9 Protection of natural habitat</li> <li>9 Protection of natural habitat</li> <li>9 Preservation of a control?</li> <li>1 Purpose(s) of conservation easements held by the organization (access of the organization access of the organization and the organization of a conservation of a conservation easements held by the organization of the organization organization organing the perider monitoring,</li></ul>		Aggregate value at end of year			
funds are the organization is property, subject to the organization's exclusive legal control?       Ves       No         6       Did the organization inform all grantes, doncs, and donce advisor, or for any other purpose conferring impermisable private benefit?       Ves       No         Part III       Conservation Easements. Complete II the organization answered "Yes" on Form 990, Part IV, line 7.       Ves       No         1       Purpose(5) of conservation casements hed by the organization (check all that apply).       Preservation of a historically important land area.         Preservation of natural habitat       Preservation of a historically important land area.       Preservation of natural habitat         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation casement to the last dyo of the lax year.       Za         3       Total number of conservation casements.       Za       Za         4       Number of conservation casements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       Zec       Zed         3       Number of conservation casements included in monitoring, inspection, handling of violations, and enforcement of the conservation easements included in No       Yes       No         4       Number of conservation casements included in monitoring, inspection, handling of violations, and enforcement of the conservation easements includes?       Yes       No <t< td=""><td></td><td>Did the organization inform all donors and donor advisors in writing the</td><td>at the assets held in donor advised</td><td></td><td></td></t<>		Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised		
					Yes No
only for charitable purposes and not or the benefit of the donor or donor advisor, or for any other purpose       Yes       No         Part III       Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, line 7.       Image: Complete If the organization answered "Yes" on Form 990, Part IV, line 7.         I       Purpose(5) of conservation easements held by the organization (check all that apply).       Preservation of an tork habitat       Preservation of a historically important land area         Protection of natural habitat       Preservation of a centified historic structure       Preservation of a centified historic structure         2       Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation accentration to assements.       Za         3       Total number of conservation easements.       Za         4       Number of conservation easements included in (a)       Za         4       Number of conservation easements included in (a) capured after 7/25/06, and not on a       Jat         4       Number of conservation easements included in monitoring, inspecting, inspecting in the requirements of scalar values sheat works of art, historical tressures, or other similar assets.	6				
conterring impermissible private benefit?       Yes       Yes       Ne         Part III       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Purpose(5) of conservation easements held by the organization (check all that apply).       Preservation of a dorutral habitat         Preservation of a dorutral habitat       Preservation of a certified historic structure       Preservation of a certified historic structure         2       Complete lines 2 at through 2 di f the organization held a qualified conservation contribution in the form of a conservation casements       2a         3       Total number of conservation easements       2a         4       Total anomet of conservation easements       2a         5       Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure included in (a) acquired after 7/25/06, and not on a historic structure included in (a) acquired after 7/25/06, and not on a historic structure included to conservation easements included in (a) acquired after 7/25/06, and not on a historic structure included to conservation easements in holds?       Yes       No         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in holds?       Yes       No         6       Staff and volunteer hours devided to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       > .       No         <					
Part III       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. <ul> <li>Purpose(s) conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of a historically important land area</li> <li>Preservation of a historic structure</li> <li>Preservation of a certified historic structure</li> <li>Preservation of a conservation easements held a qualified conservation contribution in the form of a conservation</li> <li>essement on the last ago if the tax year.</li> <li>I held at the End of the Tax Year</li> <li>Total arcrage restricted by conservation easements.</li> <li>Zo</li> <li>Number of conservation easements included in (a) and (a) (a) and (a) and (a) and (a) (a) (a) and (a) (a) (a) and (a) (a) (a) (a) (a) (a) (a) (a) (a) and (a) (a) (a) (a) (a) (a) (a) (a) (a) (a)</li></ul>					Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of a certified historic structure         Preservation of a certified historic structure         Preservation of a certified historic structure         Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation conservation easements         a Total number of conservation easements       2a         2 Intumber of conservation easements       2a         2 Intumber of conservation easements in cluded in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the notioning, inspecting, handling of violations, and enforcing conservation easements and ofter the conservation easements in todds?         5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements written be vertified and volunteer hour devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         >	P	DIM			
□       Preservation of land for public use (for example, recreation or education)       □       Preservation of a certified historically important land area         □       Preservation of que starbudy 2d if the organization held a qualified conservation contribution in the form of a conservation         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Total number of conservation easements       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation         2       Number of conservation easements       2a         2       Conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >         4       Number of states where property subject to conservation easements is located >         5       Does the conservation easements modified, inspecting, handling of violations, and enforcing conservation easements during the year         >       A mount of expenses incurred on monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         >       S         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4(B)(t))       □       Yes       No         9       In Part XIII, describe how the organization neports conservation easements			Form 990, Part IV, line 7.		
Protection of natural habitat   Preservation of a certified historic structure   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation   a Total number of conservation easements   D Total acreage restricted by conservation easements   0 Number of conservation easements on a certified historic structure included in (a)   2a   0 Number of conservation easements included in (c) acquired after 7/25/06, and not on a   historic structure listed in the National Register   21   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >   Annother of states where property subject to conservation easements is located >   D Des the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcement of the conservation easements is holds?   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year >   > .   Monitor of the preservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(i)?   Yes   No   In Part XIII, describe how the organization reports conservation easements in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public explicit base streament and balance sheet works of art, historical treasures, or other similar assets held for public explicit expression, or research in furtherance of public service, provide in Part XIIII	1	Purpose(s) of conservation easements held by the organization (check	c all that apply).		
□       Preservation of open space         2       Complete lines 2a through 2d if the xyear.         a Total number of conservation easements       Image: Conservation easements         b       Total acreage restricted by conservation easements       Image: Conservation easements         c       Zd       Image: Conservation easements       Image: Conservation easements         d       Number of conservation easements included in (a) included in (a) exclutere listed in the National Register       Image: Conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.         4       Number of conservation easements included in (b) exquired after 7/25/06, and not on a historic structure listed in the National Register         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed where property subject to conservation easement is located >         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         >		Preservation of land for public use (for example, recreation or educ	cation) Preservation of a historically in	mportant	land area
2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Held at the End of the Tax Year         a       Total number of conservation easements       Za         b       Total acreage restricted by conservation easements       Za         c       Number of conservation easements       Za         d       Number of conservation easements       Za         d       Number of conservation easements included in (2) acquired after 7/25/06, and not on a historic structure listed in the National Register       Zd         3       Number of states where property subject to conservation easements included in (2) acquired after 7/25/06, and not on a historic structure listed in the National Register       Zd         4       Number of states where property subject to conservation easements in holds?       Yes       No         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       >         5       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 770(h)(4)(B)(i)?       Yes       No         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the foorthe to the foorthe to the foorthe to the foorthe to the fore 90, Part IV, line 8.		Protection of natural habitat	Preservation of a certified hist	oric strue	cture
easement on the last day of the tax year.   a Total number of conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /   4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located /   5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   /*   /*   * Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   * \$   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(ii)?   9 In Part XIII, describe how the organization reports conservation easements.   Pairt IIII   Organization saccounting for conservation easements.   0 ad section 170(h)(4)(B)(iii)?   9 In Part XIII, describe how the organization answered "Yes" on Form 990, Part IV, line 8.   14 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar		Preservation of open space			
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements an certified historic structure included in (a) c c l d Number of conservation easements an certified historic structure included in (a) c c l d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register l d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Does the organization have a written policy regarding the periodic monitoring conservation easements during the year ▶ f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ f C Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ f S Does step conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and section 170(h)(4)(B)(ii)? D In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part IIII Organization selectd, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of ar	2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conser	vation	
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c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4       Number of states where property subject to conservation easement is located ▶       5         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$         8       Does each conservation easement reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization factors answered "Yes" on Form 990, Part IV, III 8.         11       If the organization alected n assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its infancial statement and balance sheet works of art, historical treasures, or other similar assets held for pub	ł				
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4 Number of states where property subject to conservation easement is located ▶       5         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶       5         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶       5         7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶       \$         8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)       Image: Periodic monitoring inspecting, handling of violations, and enforcing conservation easements during the year ▶         9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.         Pairt III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a If the organization elected, as permitted under FASB ASC 958, not to repor	c				
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<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part XIII, describe how the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>14 If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part XIII, line 1</li> <li>\$</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> <li>2 If the organization received or held works of art, historical treasures, or other similar as</li></ul>		violations, and enforcement of the conservation easements it holds?			Yes No
<ul> <li>▶\$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(ii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(ii) Assets included on Form 990, Part X</li> <li>(ii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(ii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li>(iii) Assets included on Form 990, Part X</li> <li< td=""><td>6</td><td>Staff and volunteer hours devoted to monitoring, inspecting, handling</td><td>of violations, and enforcing conservation ea</td><td>sements</td><td>during the year</td></li<></ul>	6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements	during the year
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iii) Assets required to be reported under FASB ASC 958 relating to these items:         <ul> <li>a Revenue included on Form 990, Part X</li> <li>(b) Assets included in Form 990, Part X</li> <li>(c) b Assets included in Form 990, Part X</li> </ul> </li> </ul>		organization's accounting for conservation easements.			
<ul> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>	P	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	imilar	Assets.
<ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>	-		which account only a loss of a theory of the sector of the		
<ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>	1;				
<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>				of public	
<ul> <li>art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>					
<ul> <li>provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>5</li> </ul>	Ł				
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>		그는 정말 것 못 하는 것 같은 것 같아. 이렇게 하는 것 것 것 같이 있는 것 같이 있는 것 같아. 아파 말에 드 네트린 것 같아.	n, education, or research in furtherance of	public se	ervice,
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul>		요즘 것 같은 것이 잘 못 못 못 많은 것이 것 같은 것을 것 같이 가지 않는 것을 것 같아요. 이렇게 가지 않는 것이 같아요. 이렇게 하는 것이 같이 같이 않는 것이 같아요. 이렇게 하는 것이 같이 있다. 것이 같아요. 이렇게 하는 것이 같아요. 이렇게 같아요. 이렇게 같아요. 이렇게 안 있다. 이렇게 하는 것이 같아요. 이렇게 하는 것이 같아요. 이렇게 같아요. 이렇게 하는 것이 같아요. 이렇게 안 같아요. 이렇게 말 같아요. 이렇게 말 것이 같아요. 이렇게 말 같아요. 이렇게 말 것이 같아요.		14	
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul>					\$
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul>		(ii) Assets included in Form 990, Part X		🕨	• \$
a Revenue included on Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  b \$	2	그 가슴 물건은 가슴 방법을 하는 것은 것을 가슴을 물건을 다 같다. 것은 것은 것은 것을 하는 것을 하는 것을 수 있는 것을 수 있는 것을 수 있다.		vide the	
b Assets included in Form 990, Part X					
b Assets included in Form 990, Part X	a	Revenue included on Form 990, Part VIII, line 1		Þ	
		Assets included in Form 990, Part X			\$

chedule D (Form 9	90) 2019 OPEN DOO	R OF HOPE,	INC.	100 B		136314			Page 2
	ganizations Maintainin							(continue	d)
	anization's acquisition, access is (check all that apply):	sion, and other records	s, check any of the f	ollowing that m	ake signific	cant use of its	ł.		
a 📃 Public exh	hibition	d	Loan or exchange p	rogram					
b Scholarly	research	e 🔄 (	Other						
	ion for future generations								
4 Provide a dese XIII.	cription of the organization's o	collections and explain	how they further the	e organization's	s exempt p	urpose in Par	t		
	ar, did the organization solicit								
	old to raise funds rather than		art of the organization	on's collection?	·			Yes	No
Co	crow and Custodial Ar mplete if the organizatio ), Part X, line 21.		' on Form 990, F	Part IV, line 9	), or repo	orted an am	iount c	on Form	
1a Is the organiza	ation an agent, trustee, custo	dian or other intermed						Yes	No
	in the arrangement in Part XI								_
								Amount	
c Beginning bala	ance					1c			
이 이 이 이 가지 않는 것이 가지 않는 것이 없다.	ng the year								
	luring the year					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	же								
	zation include an amount on							Yes	No
	in the arrangement in Part XI								
Part V En	dowment Funds.		the literation						
Co	mplete if the organization	on answered "Yes'	' on Form 990, F	Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three year	s back	(e) Four ye	ars back
a Beginning of y	vear balance				-		1.1.2	1.5	_
									_
c Net investmen	nt earnings, gains, and								
losses				-					
d Grants or scho	olarships						_		
e Other expendi	itures for facilities and								
programs				· · · · · · · · · · · · · · · · · · ·					
f Administrative	e expenses								
g End of year ba	alance			1		-			_
	stimated percentage of the cu		e (line 1g, column (a	i)) held as:					
a Board designa	ated or quasi-endowment 🕨	%							
b Permanent en									
c Term endown	nent 🕨 %								
and the second	ges on lines 2a, 2b, and 2c sł								
3a Are there end	owment funds not in the poss	session of the organiza	ation that are held ar	nd administered	d for the			155	1.
organization b								10.000	es No
(i) Unrelated	organizations			فلأجر فيحجونهم والالام				3a(i)	-
(ii) Related o									-
	e 3a(ii), are the related organi							3b	
	art XIII the intended uses of t		wment funds.					_	
Part VI La	nd, Buildings, and Equ	uipment.				E 000	Devel	/ line 10	
Co	mplete if the organization			and story down in the	the second se		Part 2		
De	scription of property	(a) Cost or other t		or other basis		ccumulated	1111	(d) Book va	lue
		(investment)	(0	other)	de	preciation			7 1 0
				47,197		1 4 1 0			7,19
				459,230	-	46,12	9	41.	3,10
	provements	72		0		14 01	-		0.00
d Equipment		a		27,879		14,91	0	1;	2,96
							-	1.0	0.00
otal. Add lines 1a	through 1e. (Column (d) mus	t equal Form 990, Par	t X, column (B), line	10c.)				47:	3,26

Schedule D (Form 990) 2019

	orm 990) 2019 OPEN DOOR OF HOPE, INC		26-4436314	Page
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F	Form 990 Part IV li	ne 11h See Form 990 Part )	X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuati	
	(including name of security)		Cost or end-of-year mark	et value
Financial d	erivatives			
Closely hel	d equity interests	Alter and a second		
Other				
(A)				
(B)			4	
(C)				
(D)				
<u>(E)</u>				
(F)				
(G) (H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, li	ne 11c. See Form 990, Part >	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	ket value
)				
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, li	ne 11d. See Form 990. Part 2	X, line 15.
	(a) Description			(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
3)				
9)				
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
Fall A	Complete if the organization answered "Yes" on F	Form 990 Part IV li	ine 11e or 11f See Form 990	Part X
	line 25.	onn ooo, r arriv, n		, , , , , , , , , , , , , , , , , , , ,
	(a) Description of liability			(b) Book value
1) Federal i	income taxes			
2)				
3)				
4)				
5)				
5)				
7)				
2)				
8)				
9)	n (b) must equal Form 990, Part X, col. (B) line 25.)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019 OPEN DOOR OF HOPE, IN	26	4436314	Page
Part XI Reconciliation of Revenue per Audited Finance	cial Statements With Revenu	ie per Return.	
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statemen	ts		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 i		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Part XII Reconciliation of Expenses per Audited Final			
Complete if the organization answered "Yes" on			
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	**********		
c Other losses d Other (Describe in Part XIII.)			
	and the second	2e	
e Add lines 2a through 2d			
<ul> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>			
	4a		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)		10	
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	, ine 18.)		
Part XIII Supplemental Information.			
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1			
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	part to provide any additional informa	tion.	
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			************

Schedule D (Form 990) 2019 OPEN DOOR OF HOPE, INC. Part XIII Supplemental Information (continued)	26-4436314	Page 5
Part XIII Supplemental Information (continued)		
en in the second sec		
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•		

(Form 990) Department of the Treasury Internal Revenue Service	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 3 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	i <b>nts, ar</b> rganizatio to <i>www.ii</i>	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	In the United on Form 990, Part IV 990. he latest informatio	l States , line 21 or 22. n.		2019 Open to Public Inspection
Name of the organization OPEN DOOR OF HOPE,	INC.					Emplo 26 -	Employer identification number 26 - 4436314
	d Assistance						
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 amount of the gra	nts or assi	stance, the grantees'	eligibility for the gran	its or assistance, an	q	Vos Vos
be	uncer onitoring the use of gr	ant funds i	n the United States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Organiz received more th	ations a an \$5,00	nd Domestic Go 00. Part II can be	vernments. Cor duplicated if addi	nplete if the orga tional space is n	anization answer leeded.	red "Yes" on Form 990,
<ol> <li>(a) Name and address of organization or government</li> </ol>	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)		•					
(2)							
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(3)				A			
(4)							
(5)							
(6)		1 1 1					
ω							
(8)		1					
(6)							
<ol> <li>Enter total number of section 501(c)(3) and government organizations listed in</li> <li>Enter total number of other conditioning listed in the line 1 table</li> </ol>	t organizations listed i	n the line 1 table					<b>A</b>
-1	וב ו ומחוב	and a second second second				the state of the s	

(a) Type of grant or assistance       (b) Number of cash grant       (c) Amount of cash grant       (e) Amount of cash grant       (f) Amou	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance 17 , 594	(e) Method of valuation (book, FMV, appraisal, other)	(A) Description of noncash assistance
BACKPA			-		
art IV					
Him					
artises					
				_	
inne					
	ovide the information re	equired in Part I, line	2; Part III, column (b	); and any other additional	information.
		*************			
	******				
					Schedule I (Form 990) (2019)

DAA

SCHEDULE O Form 990 or 990-EZ)	Supplemental Information to Form 99 Complete to provide information for responses to spec		OMB No. 1545-0047
	Form 990 or 990-EZ or to provide any additional in	Constant and a second	
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest info</li> </ul>	ormation.	Open to Public Inspection
Name of the organization	N DOOD OF HODE ING	Employer identifica 26-44363	
OPEN	N DOOR OF HOPE, INC.	20-44303.	14
DOING BUSINESS AWAKE MINISTRIN	AS - ADDITIONAL NAMES ES		
FORM 990, PART	III, LINE 2		
IN COORDINATION	N WITH OTHER ORGANIZATIONS, THE OR	GANIZATION PROVID	ES
SHELTER, COUNSI	ELING, AND OTHER ASSISTANCE TO NEE	DY VETERANS IN TH	Е
COMMUNITY.			
FORM 990, PART	VI, LINE 11B - ORGANIZATION'S PRO	CESS TO REVIEW FO	RM 990
A COPY OF FORM	990 IS PROVIDED TO THE ORGANIZATI		
A COPY OF FORM FORM IS FILED.			
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FORM IS FILED.	990 IS PROVIDED TO THE ORGANIZATI	ON FOR REVIEW BEF	ORE THE
FORM IS FILED.		ON FOR REVIEW BEF	ORE THE
FORM IS FILED. FORM 990, PART	990 IS PROVIDED TO THE ORGANIZATI	ON FOR REVIEW BEF	ORE THE NATION
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SCHEDULE R       Related Organizations and Unrelated Partnerships         (Form 990) <ul> <li>Form 990)</li> <li>Mattach to Form 990.</li> <li>Pattach to Form 990.</li> <li>Battach to Form 990.</li> <li>Battach to Form 990.</li> </ul> <ul> <li>Department of the Tresulty</li> <li>Battach to Form 990.</li> <li>Battach to Form 990.</li> <li>Battach to Form 990.</li> </ul> <ul> <li>Department of the Leasury</li> <li>Battach to Form 990.</li> <li>Battach to Form 990.</li> <li>Battach to Form 990.</li> </ul>	Related Organizations and Unrelated Partnerships ste if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information.	d Unrelated   on Form 990, Part Form 990. structions and the	Partnerships IV, line 33, 34, 35b atest information.	, 36, or 37.		OMB No. 1545-0047 2019 Open to Public Inspection
OPEN DOOR OF HOPE, INC.					Employer identificatio 26-4436314	Employer identification number 26-4436314
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization ansv	vered "Yes" on F	orm 990, Part I	V, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
	* *		_			
(3)						
(4)		-				
(5)			_			
Part I Identification of Related Tax-Exempt Organizations. Complete	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had tax vear.	rganization ansv	/ered "Yes" on F	orm 990, Part IV	/, line 34, becaus	se it had
(a) Name, address, and EIN of related organization	(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	(g) Section 512(b)(13) controlled entity? Yes No
<ul> <li>(1) SERENITY CENTER INC</li> <li>PO BOX 1302</li> <li>45-5074375</li> <li>SHELBYVILLE</li> <li>KY 40066</li> </ul>	FOOD DIST.	КX	501C3	7	N/A	ж
(2)						
(3)						
(4)						
(5)						
For Panerwork Reduction Act Notice, see the Instructions for Form 990.					Sched	Schedule R (Form 990) 2019

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	because it had one or more related organizations treated as a partnership during the tax year.	rganizations	treated	because it had one or more related organizations treated as a partnership during the tax year.	ship during the	tax year.					10.23
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.? Yes No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
E											
(2)											
(3)											
(4)											
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable elated organi	e as a ( zations	Corporation treated as a	or Trust. Corr corporation or	iplete if the or trust during th	janization answe ie tax year.	red "Yes" c	on Form 990, Part IV	art IV,	
	(a) Name, address, and EIN of related organization	(b) Primary activity	hity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage sets ownership		
(1)											les
(2)			-								-
(3)											
(4)		1									
DAA										1	

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Schedule R (Form 990) 2019 OPEN DOOR OF HOPE, INC.

26-4436314

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	e related organizations listed	I in Parts II–IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a X
			1b X
c Gift, grant, or capital contribution from related organization(s)			1c X
d Loans or loan guarantees to or for related organization(s)			1d X
e Loans or loan guarantees by related organization(s)			1e X
f Dividends from related organization(s)			1f X
g Sale of assets to related organization(s)			
		*****	1h X
i Exchange of assets with related organization(s)			1i   X
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1i X</u>
k Lease of facilities, equipment, or other assets from related organization(s)			1k X
<ol> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ol>	******************	· · · · · · · · · · · · · · · · · · ·	11 X
m Performance of services or membership or fundraising solicitations by related organization(s)			1m X
cation(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	**************************************		10 X
p Reimbursement paid to related organization(s) for expenses			1p X
q Reimbursement paid by related organization(s) for expenses			1q X
			1
<ul> <li>S Other transfer of cash or property from related organization(s)</li> <li>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</li> </ul>	this line including covered	relationshins and transaction th	hresholds
(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
			Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019 OPEN DOOR OF HOPE, INC.

26-4436314

Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI 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 assets

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Schedule R (Form 990) 2019 OPEN DOOR OF HOPE, INC.	26-4436314	Page 5
Part VII Supplemental Information. Provide additional information for responses to questions	on Schedule R. See Instructions	

Form 4562

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D	epred	ciatio	n ai	nd A	mor	tizat	ion

(Including Information on Listed Property)

Attach	to	your	tax	re	turn.	

OMB No.	1545-0172

9

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Department of the Treasury		
Internal Revenue Service	(99)	
Name(s) shown on retur	'n	

## Go to www.irs.gov/Form4562 for instructions and the latest information.

OPEN DOOR OF HOPE, INC.

Attachment Sequence No.

26	-44	36	3	14
 		_		_

Business or acti	ivity to	which th	nis form	relates	
INDIRE	CT	DEP	REC	IAT:	101
Part I	Ele	ection	To E	Expen	se

Pa					omplete Pa	ort I		x
1				A REAL PROPERTY AND A			1	1,020,000
2			e instructions)	••••••		*********	2	
3	Threshold cost of section 179 pr	operty before reduction	in limitation (see instr	uctions)			3	2,550,000
4	Reduction in limitation. Subtract	line 3 from line 2. If zer	ro or less, enter -0-		**********		4	
5		Note: If you have any listed property, complete Part V before you complete Paximum amount (see instructions)         tail cost of section 179 property before reduction in limitation (see instructions)         reshold cost of section 179 property before reduction in limitation (see instructions)         (a) Description of property         (b) Cost (business use only)         (a) Description of property.         (b) Cost (business use only)         (c) Description of property.         (b) Cost (business use only)         (c) Description of property.         (c) Description of property.         (c) Description of property.         (d) Description of property.         (e) Description of property.         (d) Description of property.         (e) Description of property.         (f) Description of property.         (e) Description of property.         (f) Description fold property.			5			
6	accellance of the second s	Note: If you have any listed property, complete Part V before you complete mamount (see instructions)         st of section 179 property placed in service (see instructions)         Id cost of section 179 property before reduction in limitation (see instructions)         in limitation. Subtract line 3 from line 2. If zero or less, enter -0-         itation for tax year. Subtract line 4 from line 1. If zero or less, enter -0.         (a) Description of property       (b) Cost (business use only)         (a) Description of property. Add amounts in column (c), lines 6 and 7         e deduction. Enter the smaller of line 3 or line 8         er of disallowed deduction form line 13 of your 2018 Form 4562         is income limitation. Enter the smaller of business income (not less than zero) or line 5. See inst         179 expense deduction. Add lines 9 and 10, but don't enter more than line 11         er of disallowed deduction to 2020. Add lines 9 and 10, less line 12         is part III below for listed property (other than listed property) placed in service         re tax users.         re year. See instructions         rubject to section 168(f)(1) election         preciation (including ACRS)         MACRS Depreciation (Don't include listed property. See instructions.)         Section A         deduction of property         lessification of property         (b) Moorth and year into one or more general asset accounts, check here </th <th></th> <th>(c) Elected cost</th> <th></th> <th></th>			(c) Elected cost			
-								
-								
7	Listed property. Enter the amour	nt from line 29			7			
8	Total elected cost of section 179	property. Add amount	s in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the s	maller of line 5 or line	8		********		9	
10	Carryover of disallowed deduction	on from line 13 of your 3	2018 Form 4562			e ala a sea a a a a a	10	
11	Business income limitation. Ente	er the smaller of busine	ss income (not less th	an zero) or line	5. See instruc	tions	11	
12							12	
13					the second se			
-								
Pa	art II Special Deprecia	tion Allowance a	nd Other Depreci	ation (Don't	include list	ed proper	ty. Se	ee instructions.)
14	(11111111111)						T	
				and the second second			14	
15					***********		15	
16	Other depreciation (including AC	(RS)			************	*********	16	17,328
							1.10	
					5110.7			
17	MACPS deductions for assets n	lacad in convica in tax y					17	0
18		and the second						<b>`</b>
10							Systen	ń
	Control D						Joton	
		placed in	(business/investment use	(u) necovery	(e) Convention	n (f) Met	hod	(g) Depreciation deduction
19a	3-year property					A 10		
b	5-year property							
C	7-year property							
d	10-year property				1.	1		
е	15-year property				1			
f	20-year property				1	3		
g	25-year property			25 yrs.		S/I		
h	Residential rental			27.5 yrs.	MM	S/I	1 - 1	
	property				MM	S/I		
1	Nonresidential real			39 yrs.	MM	S/I		1
- Č	property				MM	S/I		
-	Section C—A	ssets Placed in Servi	ce During 2019 Tax Y	ear Using the	Alternative D			em
20a	Class life					S/I		
b	12-year			12 yrs.		S/I		
c	30-year			30 yrs.	MM	S/I		
d	40-year			40 yrs.	MM	S/I		
	art IV Summary (See in	etructions )		-to yio.		5/1		
		and the second se					04	
21	Listed property. Enter amount fro Total. Add amounts from line 12		ince 19 and 20 in colu	mp (a) and lise	21 Enter	*********	21	
22	here and on the appropriate line						22	17,328
23	For assets shown above and pla						1	
	portion of the basis attributable t		ie canoni jouri chier i		23			

For Paperwork Reduction Act Notice, see separate instructions.

Open construction		art V	entertainmer Note: For any v 24b, columns (a	erty (Include an ht, recreation, o ehicle for which yo hthrough (c) of Se	r amuse ou are usin ection A, al	ment.) g the sta l of Secti	ndard n ion B, a	nileage r nd Secti	ate or d on C if a	educting l	ease exp	oense, o	complet	e only 2	4a,		
Bit Property used for the section for which a qualified business use:         Cate or ment tests         Bit Section Property used depreciation allowance for qualified listed property placed in service during the tax year and used more than 60% in a qualified business use:         Descention         Cate or ment tests         Cate or ment tests <th></th> <th>-</th> <th></th> <th></th> <th></th> <th>nformat</th> <th>ion (Ca</th> <th></th> <th></th> <th></th> <th>12-12 - 13 F</th> <th>1</th> <th>100 00 00 00</th> <th></th> <th>ioblies.)</th> <th></th> <th>N</th>		-				nformat	ion (Ca				12-12 - 13 F	1	100 00 00 00		ioblies.)		N
and the sector of cubic and sectors of cubic and the sector of the sect	Туре	(a) of property	(b) Date placed	(c) Business/ investment use	(d)			(e) is for depre	eciation	(f) Recovery	( Me	g) thod/		(h) Depreciati		(i) Elected se	) ection 179
the tax year and used more than 50% in a qualified business use:       25         Property used more than 50% in a qualified business use:       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       9         1       64         1       9         1       64         1       9         2       28         1       64         1       9         2       28         28       29         29       10         20       10         21       10         22       10         23       28         24       10         25       10         26       10       10       10	(list v	enicles first)	in service	percentage			(60			period	Conv	rention	-	deduction	n		
Property used more than 50% in a qualified business use:	25	and the second second second	Card and a second s										1.0				
38       38       39       30       30         37       Property used 50% or less in a qualified business use:       31       31       31       31       31       31       31       31       31       31       31       31       31       31       31       32       31	00						se. See	Instructi	ons			25		_			
2       Property used 50% or less in a qualified business use:       3         3       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       28         3       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       28         Section B-Information on Use of Vehicles         mplete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provide vehicles, user or works and the year (don't include commuting miles)       29         Total business/investment miles driven during the year.       (4) <td< td=""><td>26</td><td>Property</td><td>used more than :</td><td>50% in a quaimed</td><td>business L</td><td>ise.</td><td>1</td><td></td><td>-</td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>1</td><td></td></td<>	26	Property	used more than :	50% in a quaimed	business L	ise.	1		-		-					1	
Property used 50% or less in a qualified business use:				%													
Property used 50% or less in a qualified business use:					1.00												
x6       S/L         3       Add amounts in column (h), lines 26 through 27. Enter here and on line 7, page 1       28         3       Add amounts in column (h), lines 26. Enter here and on line 7, page 1       29         Section B—Information on Use of Vehicles         section B—Information on Use of Vehicles         special proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles, your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         9       Total business/investment miles driven during miles, 'wende 1       Vehice 2       Vehice 3       Vehice 4       Vehice 5       Vehice 5 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>K</td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td>_</td>										K					_		_
3       Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1       28         3       Add amounts in column (h), line 26. Enter here and on line 7, page 1       29         Section B—Information on Use of Vehicles         Total induce commuting miles driven during the year.         Total induce commuting miles driven during the year.         Total induce commuting miles driven during the year. Add         Inter induce available for personal use?         Total induce available for personal         Yes No Yes         Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees         Section C—Questions for Employers Who Provide Vehicles, including commuting, by your         op unainta	27	Property	used 50% or less	s in a qualified bus	iness use:		-			1	1		1				
3       Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1       28         3       Add amounts in column (h), line 26. Enter here and on line 7, page 1       29         Section B—Information on Use of Vehicles         Total induce commuting miles driven during the year.         Total induce commuting miles driven during the year.         Total induce commuting miles driven during the year. Add         Inter induce available for personal use?         Total induce available for personal         Yes No Yes         Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees         Section C—Questions for Employers Who Provide Vehicles, including commuting, by your         op unainta				0/						100	S/L-						
Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       28         Add amounts in column (h), line 26. Enter here and on line 7, page 1       29         Section B—Information on Use of Vehicles       29         smplete this section for vehicles used by a sole proprietor, pather, or other "more than 5% owner," or related person. If you provided vehicles.       29         Total business/investment miles driven during the year (don't include commuting miles)       (a)       (b)       (c)	-			76				_									
Add amounts in column (1), line 26. Enter here and on line 7, page 1       29         Section B—Information on Use of Vehicles         Section B—Information on Use of Vehicles         your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         (a)       (b)       (c)       (c)       (c)       (d)         (d)       (d)       (d)       (d)       (d)       (d)       (d)         (d)       (d)       (d)       (d)       (d)       (d)       (d)       (d)         (d)       (d)       (d)       (d)       (d)       (d)       (d)       (d)       (d)         (d)       (d)       (d)       (d)       (d)       (d)       (d)       (d)       (d)         (d)				%					-		S/L-					_	
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your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.           i         Total business/investment miles driven during the year         (a)         (b)         (c)													Huan	arouidaa	l vobiolo		
(a)       (b)       (c)       (c)       (d)       (e)       (f)         Total business/investment miles driven during the year       (e)       (f)       Vehicle 3       Vehicle 4       Vehicle 4       Vehicle 5       Vehicle 5       Vehicle 6         Total commuting miles driven during the year       (f)       Vehicle 7       Vehicle 7       Vehicle 7       Vehicle 7       Vehicle 6       Vehicle 6       Vehicle 7       Vehicle																25	
Total business/investment miles driven during the year (don't include commuting miles)       Intervent of the personal (noncommuting)         Total other personal (noncommuting)       Intervent of the personal (noncommuting)         Total other personal (noncommuting)       Intervent of the personal (noncommuting)         Total miles driven during the year. Add       Intervent of the personal (noncommuting)         Was the vehicle available for personal use of vehicles vehicle available for personal use?       Yes       No       Yes <td< td=""><td>J yo</td><td>ur employ</td><td>ees, instanswer</td><td>the questions in 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1.7</td><td>(</td><td>F)</td></td<>	J yo	ur employ	ees, instanswer	the questions in 3											1.7	(	F)
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2       Total other personal (noncommuting)					.9												
2       Total other personal (noncommuting)	1				ar		-					-				2	
3       Total miles driven during the year. Add       Image: 30 through 32       Image: 30 through 32         4       Was the vehicle available for personal       Yes       No       Yes       Yes       Yes       Yes       Yes       Yes       Yes       Yes       Y	2																
lines 30 through 32       Yes       No       Yes       Yes       No       Yes       Yes       No       Yes <td< td=""><td></td><td></td><td>************</td><td></td><td></td><td></td><td>_</td><td>-</td><td></td><td>-</td><td></td><td></td><td>-</td><td>-</td><td></td><td></td><td></td></td<>			************				_	-		-			-	-			
Yes       No       Yes <t< td=""><td>3</td><td></td><td>2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</td><td>the year. Add</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1.5</td><td></td><td><math>\sim -</math></td><td></td></t<>	3		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the year. Add										1.5		$\sim -$	
Total the formation of formation protocol       Total total       Total total       Total <thtotal< th=""></thtotal<>						Vee	No	Vee	No	Vac	No	Voc	No	Voc	No	Vos	No
5       Was the vehicle used primarily by a more than 5% owner or related person?       Image: Constant of the section of	4					res	NO	Tes	NO	Tes	NO	165	NO	163	NO	105	
than 5% owner or related person?       Is another vehicle available for personal use?       Is another vehicle available for personal use?         Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees         swer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't         ore than 5% owners or related persons. See instructions.       Yes         7       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes         8       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes         9       Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Do you rendowered wehicles.         9       Do you raver the requirements concerning qualified automobile demonstration use? See instructions       Importation         10       Description of costs       Import Yes, don't complete Section B for the covered vehicles.         Part VI       Amortization       (a)       (b)         10       Description of costs that begins during your 2019 tax year       (a)       (b)         10       Costs that began before your 2019 tax year       43	5							1			-						
Is another vehicle available for personal use?       Yes         Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees         nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't         To by our maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?         9 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners         9 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?         10 Do you meet the requirements concerning qualified automobile demonstration use? See instructions         10 de amortization         11 Description of costs         12 Amortization of costs that begins during your 2019 tax year         13 Amortization of costs that began before your 2019 tax year								1									
nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't ore than 5% owners or related persons. See instructions.  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? Do you treat all use of vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) Date amortization (c) Amortization of costs that begins during your 2019 tax year (see instructions): Amortization of costs that begins before your 2019 tax year (43) 51	6											1.1					
ore than 5% owners or related persons. See instructions.         7       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?         8       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners         9       Do you treat all use of vehicles by employees as personal use?         9       Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?         1       Do you maintain a written output field automobile demonstration use? See instructions         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization begins         (a)       Date amortization begins         (b)       (c)         (c)       (d)         (a)       Date amortization begins         (b)       (c)       (d)         (c)       (d)       (f)         (f)       Amortization of costs that begins during your 2019 tax year (see instructions):         3       Amortization of costs that began before your 2019 tax year       43																	
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# OPENDOOR OPEN DOOR OF HOPE, INC. 26-4436314 Federal Asset Report FYE: 12/31/2019 Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
Other	Depreciation:								
1	BUILDING	6/30/10	66,082		66,082	39	MO S/L	14,223	1,694
2	HVAC	1/04/12	8,500		8,500		MO S/L	1,526	218
3	DOORS	4/27/12	651		651		MO S/L	111	17
4	LAND - 8TH STREET LOT	1/01/12	12,197		12,197	0	Land	0	0
5	WINDOWS	2/14/12	2,195		2,195	39	MO S/L	389	57
6	BUNK BEDS	1/23/12	2,516		2,516	7	MO S/L	2,516	0
7	TV & STAND	4/28/12	401		401	7	MO S/L	401	0
8	WASHER & DRYER	8/28/12	1,221		1,221	7	MO S/L	1,221	0
9	701 & 707 WASHINGTON ST LOTS	2/01/17	25,000		25,000	0	Land	0	0
10	701 & 707 WASHINGTON ST BUILDING	2/01/17	330,000		330,000	39	MO S/L	16,218	8,461
11	818 COLLEGE STREET LOT	5/25/17	10,000		10,000	0	Land	0	0
12	818 COLLEGE STREET BUILDING	5/25/17	35,000		35,000	39	MO S/L	1,421	897
13	BUILDING IMPROVEMENTS	3/24/17	8,856		8,856	39	MO S/L	397	227
14	2012 HYUNDAI ACCENT	1/02/17	7,541		7,541		MO S/L	3,016	1,509
15	1996 FORD E-350 VAN	1/23/17	4,200		4,200	5	MO S/L	1,610	840
16	2004 FORD ECONOLINE VAN	7/03/18	6,000		6.000	5	MO S/L	600	1,200
18	<b>3 TON GAS UNIT FOR AWAKE HOUSE</b>	9/08/18	7,946		7,946	39	MO S/L	68	204
19	2000 CHEVY SILVERADO	1/17/19	1,000		1,000	5	MO S/L	0	171
20	BRADSHAW ST LAND	3/26/19	20,000		20,000	0	Land	0	0
21	Sold/Scrapped: 11/06/19 2001 GMC YUKON	2/22/17	5,000		5,000	5	MO S/L	0	1,833
	<b>Total Other Depreciation</b>		554,306		554,306			43,717	17,328
	Total ACRS and Other Deprec	iation =	554,306	di la constante de la constante	554,306			43,717	17,328
Amor	tization:								
17	CUB #105965 LOAN COST	4/10/18	2,759		2,759	5	MOAmort	414	552
			2,759		2,759			414	552
								44.101	17.000
	Grand Totals		557,065		557,065			44,131	17,880
	Less: Dispositions and Transfe	rs	20,000		20,000			0	0
	Less: Start-up/Org Expense	_	0		0			0	0
	Net Grand Totals		537,065		537,065			44,131	17,880