Form **990**

Department of the Treasury Internal Revenue Service

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.

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

2023
Open to Public Inspection

_	1 01 1110		endar year, or t		egiiiiiig		, and ending					
B Check if applicable: C Name of organization										D Employer identification number		
Address change OPEN DOOR OF HOPE, INC.												
一	Nama aha	2220	Doing business as	A	WAKE MIN	ISTRIES				26-4	436314	
닏	Name cha	inge _	Number and street (or P.O. box if mail is not delivered to street address)						Room/suite			
	Initial retun	initial return PO BOX 1302								502-	647-5555	
	Final return		City or town, state of	or province, o	ountry, and ZIP or	foreign postal co	de					
Literminated SHELBYVILLE KY 40066 G Gross receipts\$ 2										ceipts\$ 2,389,926		
Ш	Amended	retum F	Name and address		officer:					0 01000 100		
	Application	nendina							H(a) Is this a gro	oup return for s	subordinates? Yes X No	
ш	присшо п									(b) Are all subordinates included?		
			PO BOX 1302						11(1) / 10 dir caboraniates included:			
			SHELBYVILLE KY 40066						If "No,"	If "No," attach a list. See instructions		
ı	Tax-exem	npt status:	X 501(c)(3)	501(c) () (in:	sert no.)	4947(a)(1) or	527				
J Website: WWW.AWAKEKY.ORG H(c) Group exemption number										or		
<u> </u>		organization:	X Corporation	Trust	Association	Other		Τ.	Year of formation: 2			
				ITUSL	Association	Orier			rear or iormation: 2	003	M State of legal domicle: 111	
	Part I		nmary									
	1 Briefly describe the organization's mission or most significant activities:											
Ф	l .	SEE SCHEDULE O										
2												
Ë	1											
Governance	2 0	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ŏ										ا م ا	5	
Activities &	3 N	number of v	voting members	or the gove	eming body (Pa	art VI, line Ta)			3		
							art VI, line 1b)				5	
	5 T	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)								. 5	15	
	6 T	6 Total number of volunteers (estimate if necessary)								6	40	
	7a ⊺	7a Total unrelated business revenue from Part VIII, column (C), line 12								-	226,574	
	1						ne 11				. 0	
_	1 2	tot armorate	od baomioco taxa	DIO IIIOOIIIC	7 110111 1 01111 00	0 1, 1 411 1, 111	10 11		Prior Yea		Current Year	
	8 0	Contribution	is and grants (P:	art VIII line	- 1h)					9,658	2,048,000	
e		O Program conice revenue (Port VIII line 2)								1,180		
ē		Program service revenue (Part VIII, line 2g)							•		1 021	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)								783	1,931	
_	11 C	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								2,577	233,688	
	12 T	Total revenu	ue – add lines 8	through 11	l (must equal F	Part VIII, colur	mn (A), line 12)			4,198	2,283,619	
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							24	4,137	1,253,897	
	14 B	Benefits pai	nefits paid to or for members (Part IX, column (A), line 4)								0	
			ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)							2,801	384,830	
šes	160 0	Orofossions	ofosoional fundraising foos (Part IV salums (A) line 44a)							3,585	19,307	
Expenses	100	Tolessiona	ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25) 19,307							3,303	13,307	
	ו מ	Total fundraising expenses (Part IX, column (D), line 25)							104	1 1 1 1	212 045	
	17 C	Other exper	ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)							9,132	313,847	
	18 T	Total expen	ses. Add lines 1	3–17 (mus	t equal Part IX	484	4,655	1,971,881				
	19 R	Revenue less expenses. Subtract line 18 from line 12							79	9,543	311,738	
5	3								Beginning of Cur		End of Year	
Net Assets or Fund Balances	20 T	Total assets	s (Part X, line 16)					1,359	9,368	1,664,435	
Α̈́	21 ⊺	Total liabiliti	es (Part X, line 2						379	9,990	367,034	
Ę,Ę	22 N	1 Total liabilities (Part X, line 26) 2 Net assets or fund balances. Subtract line 21 from line 20							9,378	1,297,401		
	art II									,		
			Signature Block									
			ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.									
u	uo, wiiet	T COLUMN	Typicio. Degratation of preparer (other trian officer) is based on all information of which preparer has any knowledge.									
Sig	gn	Signature of officer								Date		
He	- 1	BETH WATTS PRESIDENT										
	-	Type or prin	t name and title									
_		,, ,	reparer's name			Preparer's sig	nature		Date	Check	if PTIN	
Paid						'					□ "	
		PHITTIP	P THURMAN C		DD 2 2 2		P THURMAN CPA	10	<u> </u>	/24 self-em		
Preparer		Firm's name		BALLA		MPANY,	PSC, CPA	. ' S	F	irm's EIN	61-0963325	
USE	Only				N STREE							
_		Firm's addre	ss SH	ELBYV	ILLE, K	Y 400	65-1313		Р	hone no.	502-633-1422	
May	y the IRS	S discuss t	his return with th	e preparei	shown above	? See instruc	tions				X Yes No	