

	_		** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From	Income Tax	OMB No. 1545-0047					
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	ccept private foundations)	2022					
		of the Treasury	Do not enter social security numbers on this form as it may b Go to www.irs.gov/Form990 for instructions and the latest		Open to Public Inspection					
_		enue Service		JUN 30, 2023	Inspection					
	Check if		organization	D Employer identificat	ion number					
	applicat	ole:	°							
	Addr	ge DOOR	TO HOPE							
Name change     Doing business as     94-2240770										
	returi Final	Number	and street (or P.O. box if mail is not delivered to street address)	te E Telephone number 831-758-01	01					
	lreturi termi	1/ 130	W. GABILAN STREET	G Gross receipts \$	6,694,628.					
Г	ated Amer returi		NAS, CA 93901	H(a) Is this a group retur						
	Appli		nd address of principal officer: CHRIS SHANNON	for subordinates?						
	pend		AS C ABOVE	H(b) Are all subordinates includ						
Ι	Tax-e>	empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 52	If "No," attach a list	. See instructions					
	Webs		DOORTOHOPE.ORG	H(c) Group exemption n						
			X Corporation Trust Association Other L Yea	ar of formation: 1971 M S	tate of legal domicile: CA					
F	art I		DECOVERY							
g	3 1		e the organization's mission or most significant activities: <u>RECOVERY</u> N WHO WERE EXPOSED TO ALCOHOL AND OTHER	DRUGS IN THE	WOMB.					
Governance	2	Check this bo								
	3	Number of vot								
č	8 4		3 4	8						
à	5 5		5	88						
Activitioe 8.	6		of volunteers (estimate if necessary)		8					
į	7 a		d business revenue from Part VIII, column (C), line 12		0.					
_	<u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year					
9	8		and grants (Part VIII, line 1h)	8,844,087.	6,650,711.					
Bevenue	9	•	ce revenue (Part VIII, line 2g)	24,218.	<u>27,344.</u> 870.					
ā	5 10		come (Part VIII, column (A), lines 3, 4, and 7d)	<u>417,963.</u> 29,570.	15,703.					
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,315,838.	6,694,628.					
	13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0,004,020					
	14		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.					
	40	•	compensation, employee benefits (Part IX, column (A), lines 5-10)	4,591,156.	4,873,888.					
Evnancae	2 16a		undraising fees (Part IX, column (A), line 11e)	0.	0.					
	b b		ng expenses (Part IX, column (D), line 25)0 .							
ú	<sup>1</sup> 17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,874,127.	1,628,333.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,465,283.	6,502,221.					
	19	Revenue less	expenses. Subtract line 18 from line 12	2,850,555.	192,407.					
Net Assets or	lces		E E E E E E E E E E E E E E E E E E E	Beginning of Current Year	End of Year					
sset	<b>20</b>	Total assets (F		3,336,180.	3,278,498.					
et A	21		(Part X, line 26)	2,062,031.	1,811,942.					
	<u>art II</u>		fund balances. Subtract line 21 from line 20	1,274,149.	1,466,556.					
			I declare that I have examined this return, including accompanying schedules and state	ments and to the hest of my kn	owledge and helief it is					
			Declaration of preparer (other than officer) is based on all information of which prepar		omougo una polloi, il 15					
	,	,								

Sign	Signature of officer		Date				
Here	PATTY CUTLER, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	AUTUMN ROSSI	AUTUMN ROSSI	04/17/	/24 self-employed P01404602			
Preparer	Firm's name CLIFTONLARSONALLE	EN LLP		Firm's EIN 41-0746749			
Use Only	Firm's address 1188 PADRE DRIVE,	STE 101					
	SALINAS, CA 93901	-		Phone no. (831) 759-6300			
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No			
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form <b>990</b> (2022)			

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	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE OPEN THE DOOR TO HOPE AND OFFER A PATH TO RECOVERY FOR THOSE WHO
	ARE ADDICTED AND MAKE THE DIFFERENCE OF A LIFETIME FOR CHILDREN WHO
	HAVE BEEN EXPOSED TO ALCOHOL AND OTHER DRUGS IN THE WOMB. WE EMPOWER,
	SUPPORT, AND NURTURE ALL WHO WALK THROUGH THE DOOR.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,820,485. including grants of \$ ) (Revenue \$
ти	MCSTART - A COLLABORATIVE COMMUNITY PROGRAM PROVIDING PREVENTION,
	DIAGNOSTIC, AND TREATMENT SERVICES FOR INFANTS AND YOUNG CHILDREN WHO
	WERE EXPOSED TO ALCOHOL OR OTHER DRUGS WHILE IN THE WOMB AND/OR HAVE
	EXPERIENCED EARLY CHILDHOOD TRAUMA.
4b	(Code:) (Expenses \$1,050,204. including grants of \$) (Revenue \$)
	SANTA LUCIA RESIDENTIAL TREATMENT - A GROUP HOME FOR MONTEREY COUNTY
	TEENAGE GIRLS WHO ARE IN PLACEMENT EITHER THROUGH JUVENILE COURT OR
	SOCIAL SERVICES AND NEED STRUCTURED SERVICES AND SUPPORT FOR SUBSTANCE
	ABUSE AND MENTAL HEALTH DISORDERS.
4c	(Code:) (Expenses \$ 775,986. including grants of \$) (Revenue \$
70	WOMEN'S RESIDENTIAL PROGRAM - A 14-BED RESIDENTIAL PROGRAM FOR WOMEN
	THAT TREATS MORE THAN 75 MONTEREY COUNTY WOMEN ANNUALLY, ALL OF WHOM
	ARE INDIGENT AND/OR HOMELESS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,912,789. including grants of \$ ) (Revenue \$ 27,344.)
4e	Total program service expenses     5,559,464.
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 Form 990 (2022)
 DOOR
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		х
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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 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	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
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 \$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			v				
	Schedule K. If "No," go to line 25a	24a 24b		X				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040						
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d						
		240						
258	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				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254						
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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 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 the 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							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х					
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"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 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		Х				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		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			37				
	Part V, line 1	34		X X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u> </u>				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51						
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x				
27	If "Yes," complete Schedule R, Part V, line 2	36						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x				
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 22				
50	Note: All Form 990 filers are required to complete Schedule O	38	х					
Par		00		I				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$				
		<u></u>	Yes	No				
<b>1</b> a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1						
5	(gambling) winnings to prize winners?	1c	х					
232004	¥ 12-13-22		990	(2022)				
	1							

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Vac         No           22         Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements.         28         8	Form	990 (2022) DOOR TO HOPE		94-2240'	770	P	age <b>5</b>
2s         Enter the number of employees reported on Form W3, Transmittal of Wags and Tax Statements.         2s         X           bit facts the cleandray are entitive with or within the entry model and properties that and the organization file and incidence of faceal analysis of the war?         3s         X           bit faces cleandray are entities business grooms of \$1,000 mme during the value of the war?         3s         X           bit faces cleandray are entities business grooms of \$1,000 mme during the value of ones and the war?         3s         X           bit faces cleandray are entities business grooms of \$1,000 mme during the value?         4s         X           bit faces cleandray are entities business grooms of \$1,000 mme during the value?         4s         X           bit faces cleandray are entities and the area on the value of basis and scoount?         4s         X           bit faces cleandray are entities of basis and the area on the value of basis and scoount?         5s         X           bit faces cleandray area entities with the value of the goods with the areanization an entities with a state and many yeater than \$100,000, and did the organization societ ary contributions that way receive deductable contributions area present statement that such contributions or offs         5s         X           bit faces cleandray area many yeas area on many yeaster than \$100,000, and did the organization societ ary contribution an exprese statement that such contributions or offs         5s         X           bit faces cleandr	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Interpretation of the organization have uncellated by within the year covered by this return       2a       8B         3b       Define organization have uncellated business gross income of \$1,000 or more during the year?       3a       3a       3b       X         4a       All any time during the calendar year, of the organization have an interest in on a signature or other authority over, a financial account?       3b       4a       X         5b       1**set, 'neutre the name of the organization in have an interest in on a signature or other authority over, a financial account?       4a       X         5b       1**set, 'neutre the name of the organization in have an interest in on a signature or other authority over, a financial account?       5a       X         5b       1**set, 'neutre the rename of the organization in form 308617       5a       X         5c       1**set, 'neit the organization in chard be orthibutions?       5a       X         5c       1**set, 'neit dhe organization include with wery solicitation an express statement that such contributions or fits were not tax deductibles of the goods or services provided?       7a       X         7c       1**set, 'neit dhe organization notify the doner of the value of the goods or services provided?       7a       X         7c       1**set, 'neit dhe organization model explay as an other set orthochins or gifts       6a       X         7c       1**set, 'neit dhe organization model						Yes	No
b       If a least one is reported on line 2a, did the organization file all required federal employment fax returns?       2a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a       4a       X         5b       If "Yes," inste the large of the organization have an interest in, or a signature or other authority over, a       4a       X         5c       Wes," inste the name of the foreign country (such as a bank and count, security accurst as count, or other francalal accounts (FBAR),       5a       X         5c       Did sty toxalization have end that are one alloy greater than \$10,000, and did the organization allog comparization have manual gross receipts that are normally greater than \$10,000, and did the organization solid any contributions that may receive deductible contributions under section \$170,000, and did the organization name and gross receipts that are normally greater than \$10,000, and did the organization have manual gross receipts and anally as a contribution an gers provided to the payer?       7a       X         0       If "Yes," is the organization have that are normally greater than \$10,000, and did the organization solid manual gross receipts and anally as a contribution or offs were not tax deductible?       7a       X         0       If "Yes," is diffice organization have set as \$155 made paths as a contribution and payer pay premiting the secso \$155 made paths as a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
ab Did the organization have unrelated business provides in social action of SL000 or mee during the yea?         3a         X           bit If Yas, Yink If the Ja Form 9001 (To His Yasa? Y Yink's four Bus, provide an angination on Schnidule O         3b         X           the Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a friendal account in a foreign country         4a         X           bit I 'ess, 'est the frame off the torgan country         5a         X         5b         X           bit I 'ess, 'est the frame off the cognization in ForCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           bit I 'ess, 'est the frame off the cognization in FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           c) II 'ess, 'ind the organization in fore 0 and 2001 for ange task that are normally greater than \$100,000, and did the organization foreign Bank and Financial Accounts (FBAR).         5a         X           c) II 'ess, 'ind the organization include with very soliciation an express statement that such contributions or gits were not it tas deductible as relatable contribution and party for podes and services provided?         7a         X           c) Did the organization neith execas 15% and the approxis of the goods or services provided?         7a         X           c) Did the organization neith execas 15% and the data party as contribution or a personal borefit contrad?         7a         X		filed for the calendar year ending with or within the year covered by this return	2a	88			
b       If Yes, "Last It field a Form 950-T for the year", <i>If Yes</i> 'to here 3b, powled an exploration on Schedule O       38         4A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a transciol account;       48         b       If Yes, "enter the name of the foreign country.       56         See instructions for fing requirements for Fin-CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       56         Sa Was the organization the organization that two or is a party to a prohibide tax shelter transaction?       56         So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that was or is a party to a prohibide tax shelter transaction?       56         If Yes, "tothe organization have mail gross receipts obtainton and party for goods and services provided to the organization have mad gross receipts on order of services provided?       7a         If Yes, "tothe organization have made section 170c).       66       7a         If the organization need was dependent of the value of the pools of on services provided?       7a       X         O Organization need was apyrent in excess of 375 made party as a contribution on a personal benefit contract?       7a       X         If the organization need was apyrent in excess of 375 made party as a contribution of an any the seconal benefit contract?       7a       X         If the organization need wasex party menume, directly or dived of services provide	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
4 A Ary time during the calendary year, did the organization have an interest in, or a signature or other authority ore, a financial accountify (and a sub account, securities account, or other financial accountify)       4 X         b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountify)       5a       X         5a Was the organization aparty to a prohibited tas shelfor transaction at any time during the tax year?       5a       X         5a If "Yes," enter the name of the foreign country is more mass statement that such activities tax shelfor transaction?       5a       X         5b If "Yes," is the activities that was normally greater than \$100,000, and did the organization solid any contributions that were not as chrakele dorthibutions?       5a       X         6b Does the organization include with every solicitation an express statement that such activitations or gifts were not tax deductibles and shrakele contributions?       7a       X         7 Organization stem any receive deductible?       7a       X       7a       X         7 Urs, "nationation news a party than \$100,000, and did the organization flow a party of a portive to the organization notify the door of the value of the goods or sarvices provided?       7a       X         7 Urs, "nation researce aparts.       7a       X       7a       X         7 Urs, "nation researce aparts.       7a       X       7a       X         9 Urs, "nation researce aparts.       7a	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
Internatial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       If Yes, 'enter the name of the foreign country     5a     X       Sa Was the organization to a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       If Yes, 'add the organization nearing around gross receipts that are normally greater than \$100,000, and did the organization sells of a contributions or gifts were not tax deductible?     5a     X       If Yes, 'add the organization nearing around gross receipts at contribution and party to goods and services provided to the part?     7a     X       If Yes, 'add the organization nearing or strength and any as a contribution and party to goods and services provided to the part?     7a     X       If Yes, 'add the organization nearing any tong of a did by group and tax and the part of the transaction?     7c     X       If Yes, 'add the organization nearing any taxable dispoed fample personal propert, for which it was required to the fample and taxable and taxabl	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o		3b		
b       If Yes, "enter the name of the foreign country "       See instructions for filing requirements for FINCEN From 114, Report of Poreign Bank and Financial Accounts (FBAR).       See instructions for filing requirements for FINCEN From 114, Report of Poreign Bank and Financial Accounts (FBAR).         5a       Was the organization is a priority to a prohibited tax shefter transaction?       See X         b       If Yes's in the Sa or Sb, dift the organization is from BBB-7."       See X         c       If Yes's in the Sa or Sb, dift the organization is from BBB-7."       See X         dift organization have annual gross scelepts that are normally greater than \$100,000, and did the organization selict any contributions that were not tax douctibles a charlable contributions?       See X         b       If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax douctibles a charlable contribution and prior for goods and services provided?       7a       X         b       If Yes, "did the organization notify the donor of the value of the goods or services provided?       7a       X         d       If Yes, "did the organization receive a good rubinetty to go premiums on a personal benefit contract?       7a       X         d       If Yes, "did the organization receive a good orbithwith organization receive a good rubinet sematributing dong advised funds.       7d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority o	ver, a			
See instructions for fling requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a         See Max the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5b         See The organization have nanual gross receives that are normally greater than \$100,000, and did the organization sole annual gross receives that are normally greater than \$100,000, and did the organization sole annual gross receives that are normally greater than \$100,000, and did the organization sole annual gross receives that are normally greater than \$100,000, and did the organization sole annual gross receives that are normally greater than \$100,000, and did the organization sole.         I 11 * Yes, 1 to the organization need needscubble contributions?       5a         V 12       V 14 erganization sole, exchange, or otherwise dispose of tangbite personal property for which it was required to the party its a contribution and party for gross and services provided to the party?       7a         V 11 * Yes, 1 to the organization needwe any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a         V 11 * Yes, 1 to the organization receive a pay to not advised funds.       10 if the organization receive a pay to not advised funds.       10 if the organization area or advised funds.         V 11 * Yes, 1 to the organization creative at my funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         V 11 * Yes, 1 to the organization creative at any the during the year?       9a       9a       9a         V 11		financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccount)?		4a		<u>X</u>
Sa         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction?         Sa         X           GB         Des the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible contributions are calculated as charable contributions?         Sa         X           GB         Des the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?         Ga         X           B         If Yes,' did the organization notify the donor of the value of the goods or services provided?         To         To           B         If Yes,'' did the organization notify the donor of the value of the good or services provided?         To         To           Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided?         To         To           Did the organization neeves any funds, directly or indirectly, to pay premiums on a personal benefit contract?         To         X           Did the organization neeves a contribution of qualified intellectual property, did the organization fiee a form 1080-C?         Tr         X           Did the organization neeves a excess builenes of thems.         To         To <t< th=""><th>b</th><td>If "Yes," enter the name of the foreign country</td><td></td><td></td><td></td><td></td><td></td></t<>	b	If "Yes," enter the name of the foreign country					
b     Def any taxable party notity the organization that it was or is a party to a prohibited tax shelter transaction?     So       c     If "Yes" to line Sa or 5b, did the organization file form 888617.     So       G     Does the organization nave annual gross receipts that are normaly greater than \$100,000, and did the organization so or gits are not tax deductible?     Go       0     If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     Go       7     Organizations that may receive deductible contributions under section 17Qc).     Go       a     Did the organization include with every solicitation an express provided?     To       b     If "Yes," idid the organization excises of 375 made parity to goods and services provided?     To       b     Did the organization selves any sample excises of targoid personal property for which it was required to the paritic the number of Forms 82822 (lind during the year), pay premiums on a personal benefit contract?     To       b     If "Yes," indicate the number of Forms 8282 (lind during the year), any premiums on a personal benefit contract?     To       g     Sponooring organization neceive a activitied indicatified intelectual property, did the organization file.     To       g     To arguitation enceive a contribution of cars, boats, airplanes, or other whicks, did the organization file.     To       g     Sponooring organization make any taxable distributions under section 4966?     To		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccounts (F	BAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8888-172       5c         Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       5c         b       I"Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6a       X         b       If Yes," did the organization neitly be donor of the value of the goods or services provided?       7a       X         b       If Yes," did the organization neitly previous dispose or tangible personal property for which it was required to the Form 8282?       7a       X         c       Did the organization receive a party funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         d       I Yes," indicate the number of Forms 8282 filed dumg the year       7d       7d       X         g       If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098 C?       7n       7a       X         g       If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund prever?       9b	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
6e       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 contributions or gifts were not tax deductible?       6b       7a       X         c Uf the organization that may receive deductible contributions under section 170(c).       7b       7a       X         b If "Yes," did the organization selve a payment in excess of \$25 made partly as a contribution and partly for goods and services provided?       7c       X         b If "Yes," did the organization neeve any function of the value of the goods or services provided?       7d       7c       X         c Did the organization receive any function, directly or indirectly, on a personal benefit contract?       7c       X         g If the organization receive a contribution of qualified intelectual property, for which it was required?       7d       7g       7h         h If the organization receive a contribution of qualified intelectual property, did the organization file a Form 1088C?       8       9a       9a <t< th=""><th>b</th><td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact</td><td>ction?</td><td></td><td>5b</td><td></td><td><u>X</u></td></t<>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		<u>X</u>
any contributions that were not tax deductible as charatable contributions?       6a       X         b ff 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts       6b       6b         7 Organizations that may receive deductible outributions under section 170(c).       7a       X         b Did the organization network symmet in excess of \$76 mate party as contribution and party for goods and services provided?       7a       X         c Did the organization network symmet in excess of \$76 mate party as contribution and party for goods and services provided?       7b       X         c Did the organization network symmet in excess of \$76 mate party as contribution and party for goods and services provided?       7c       X         d If 'Yes, ' indicate the number of Forms 8282 filed during the year       7d       7c       X         g Did the organization neceves any knobs, directly or indirectly, on a personal benefit contract?       7c       X         g If the organization neceved a contribution of qualified intellectual property, did the organization file a Form 0898 as required?       7h       X         g If the organization neceves as contribution or advised funds.       Did a chorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9a         g Or	С	-		l l l l l l l l l l l l l l l l l l l	5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Bo         7       Organizations that may receive deductible contributions under section 170(c).       The organization receive a payment in excess of \$25 made parity as a contribution and parity for goods and services provided?       Ta       X         9       If "Ves," indicate the number of Forms \$282 filed during the year       Td       Td       Tc       X         4       If "Ves," indicate the number of Forms \$282 filed during the year       Td       Td       Tc       X         4       If "Ves," indicate the number of Forms \$282 filed during the year       Td       Tc       X         9       Ib the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Te       X         16       the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       Th       Td         17       B       Sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization mate and takino to a door advised fund maintained by the sponsoring organization mate ad istribution to a door, door advised, received form 1041?       Td         9       Sponsoring organizations maintaining door advised funds. Did a d	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organiza	tion solicit			
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       0     Did the organization neity the donor of the value of the goods or services provided 7     7a       0     T'yes, "did the organization notify the donor of the value of the goods or services provided 7     7b       0     T'yes, "did the organization neity the donor of the value of the goods or services provided 7     7c       10     Tyes, "indicate the number of Forms 8282 field during the year     7d       10     Tyes, "indicate the number of Forms 8282 field during the year     7d       11     Tyes, "indicate the number of Forms 8282 field during the year     7d       12     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8282 as required?     7h       11     The organization meaves were substanding at any time during the year?     8       29     Sponsoring organization make any taxable distributions under section 49667     9a       29     Did the sponsoring organization make any taxable distributions under section 49667     9a       20     The soms sonical contributors included on Part VIII, line 12     10a       20     The sonicon form on ther sources. (Do not net amounts due or paid to other sources against amounts due or selected form them.)     11a       20     Section 501(c)(2) organization. Enter:     10a		· ·····			6a		<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization releve a payment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7       b) If "Yes," (did the organization notify the door of the value of the goods or services provided?       7c       X         6) Did the organization notify the door of the value of the goods or services provided?       7c       X         6) Did the organization notify the door of the value of vol indirectly, on a personal benefit contract?       7c       X         7g       10 the organization diving the year, pay permiums, directly or indirectly, on a personal benefit contract?       7c       X         7g       11 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1058-C?       7n       1         8       Sponsoring organization maintaining door advised funds.       Did the sponsoring organization make a distribution sunder section 4966?       9a       9b         9       Sponsoring organization make a distribution to a donor, donor advised funds.       11a       10a       10a       10b         10 the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b       9b       9b         9 Social Sol(c)(2)(2) organizations. Enter:       10a       10a       10b	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gift	s			
a Did the organization receive a payment in excess of S/S made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If 'Yes,' findicate the number of Forms 8282 filed during the year       Id       Id       Yes,' findicate the number of Forms 8282 filed during the year       Id       Yes,' findicate the number of forms 8282 filed during the year       Id       X       Yes,' findicate the number of forms 8282 filed during the year       Id       X       Yes,' findicate the number of forms 8282 filed during the year       Yes,' findicate the number of exerts 8282 filed during the year       Yes,' findicate the number of carls, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       Yes,' findicate the number of carls, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       Yes,' findicate the number of exerts base biding st any time during the year?       Seconsoring organization make availation studied fundicular stable distributions under section 4966?       Sea       Sea       Section 501(c)(17) organizations. Enter:       Section 501(c)(12) organization make a distribution to a curve of ubit fa					6b		
b       If "Yes," did the organization nulty the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       7a       X         d       Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07       7n       X         f       If the organization maintaining door advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organization make a distribution to a donor, doorn advisor, or related person?       9b       9a         10       Boros receipts, included on Form 900, Par VIII, line 12, for public use of club facilities       10b       11a         12       Gross income from there sources. Business holders       11a       12a       12a         13       Section 501(c)(12) organizations. En	7						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         d       If with a mumber of Forms 8282 filed during the year personal benefit contract?       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required?       7h       X         g       Sponsoring organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       8       9         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         g       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9a       9b       9a       9b       9a       10a			vices provid	ded to the payor?	7a		<u>X</u>
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d If Yes," indicate the number of Forms 8282 filed during the year       7d       X       7e       X         f Did the organization receive any funds, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 108-07       7n       X         g Sponsoring organizations maintaining door advised funds.       8       9a       9b       9a       9b       9a       9b       9a       9b					7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization intervent of Forms 8282 filed during the year permiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f If the organization meterized a contribution of auxilified intellectual property, did the organization file Form 1098-C?       8ponsoring organizations maintaining donor advised funds.       8       9         9 Sponsoring organization make an distribution to a donor advised funds.       9       9       9       9         10 the sponsoring organization make an distribution to a donor, donor advised funds.       9a       9       9b       9         10 dit besponsoring organizations. Enter:       10a       10b       <	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required	1			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7         h       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098C?       7h       7h         8       Sponsoring organization make subsenses holdings at any time during the year?       8       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a			I I		7c		<u> </u>
f       Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining door advised funds.       8       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b       10b         13       Bection 501(c)(2) organizations. Enter:       10a       10b       10b       10b       10b       10c	d						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?       7n         8 Sponsoring organizations maintaining donor advised funds.       8         9 Sponsoring organizations maintaining donor advised funds.       8         10 bit the sponsoring organization make a distributions under section 4966?       9a         10 bit the sponsoring organization make a distribution to a donor, donor advised runds.       9a         10 bit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 cents and capital contributions included on Part VIII, line 12       10a         11 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11b       12a         13 Section 501(c)(2) organizations in required to maintain by the states in which the organization licensed to issue qualified health plans in more than one state?       13a         14 If 'Yes,'' has it filed a Form 200 is level of Scoted during the year?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14 If 'Yes,'' has it filed a Form 200 is required to maintain by the states in which the organization is required to maintain by the states in which the organizat	е						
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door advised funds.       Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         5       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(2) organizations. Enter:       11a       10a       10b         a       Gross income from members or shareholders       11a       10b       12a         128       Section 691(c)(29) qualified nonprofit health insurance issuers.       11b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         143       Is the organization receive al qualified health plans in more than one state?       13a       14a       X         144       Did the sequarization or ceive any payments for indoor tanning services during the tax year?       14a	f						<u> </u>
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         12       Section 501(c)(12) organizations. Enter:       10b         13       Gross income from members or shareholders       11a         14       Gross income from onter sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       12a       12a         13       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a       13a         14       Did the organization receives on hand       13c       13a       13a       13a         14       Did the organization receive any payments for indoor taming services during the tax year?       14a       X         15       Is the organization subject to the section	g						
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11c         a       Gross income from members or shareholders       11a       10b       11c         12a       Section 501(c)(2) organizations. Enter:       11b       11b       12a         a       Gross income from members or shareholders       11a       12a       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         12a       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13       Section for dictional information the organization must report on Schedule O.       14b       13c	h			Form 1098-C?	7h		
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       12a         Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       bif "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a       13a         14a       Did the organization is required to maintain by the states in which the organization is lecensed to issue qualified health plans       13b       13a         c       Enter the amount of reserve	8		by the		-		
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b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization subject to the section 4906 tax on payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       If "Yes," see the instructions and file Form 1720, Schedule N.       15       X       15       X         ff "Yes," see the instructions and file Form 4720, Schedule N.							
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11c         28       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12b         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves on hand       13a       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," as it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         f       If "Yes," see the instructions and file Form 4720, Schedule N.       15       X       15       X         f       'Yes," see the instructions and file Form 4720, Schedule N.       16	a						
a Gross income from members or shareholders       11a       11b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       15       X         if "Yes," see the instructions and file Form 4720, Schedule N.       16       X       15       X         if "Yes," complete Form 4720, Schedule O.       16       X       16       X         if "Yes," complete Form 6069.       104 the organization of an excise tax under section 4951, 4952 or 4953?       17       16       X	b		10b				
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves on hand       13b       13c         c       Enter the amount of reserves on hand       13b       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         Is the organization and file Form 4720, Schedule N.       15       X       X         If "Yes," complete Form 4720, Schedule O.       16       X         if "Yes," complete Form 4720, Schedule O.       16       X         if "Yes," complete Form 4720, Schedule O.       16       X         if "Yes," complete Form 4720	11						
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12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14a       X         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14a       X         b       If "Yes," see the instructions and file Form 4720, Schedule N.       15       X       15       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       16       X         If "Yes," complete Form 4720, Schedule O.       16       X <td< th=""><th>a</th><td></td><td>  L</td><td></td><td></td><td></td><td></td></td<>	a		L				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					40		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14a         c       Enter the amount of reserves on hand       13c       14a       X         144       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization of an excise tax under section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17					12a		
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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a       13c         15       14a         X       14b         15       14b         16       X         If "Yes," complete Form 4720, Schedule O.         17       16         X         If "Yes," complete Form 6069.			_ IZD				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Constraint of the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?       Image: Constraint of the amount of the section 4960 tax on payments? If "No," provide an explanation on Schedule O       Image: Constraint of the amount of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Constraint of the amount of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Constraint of the amount of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Constraint of the amount of the section 4968 excise tax on net investment income?       Image: Constraint of the amount of the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       Image: Constraint of the trust, or any disqualified or other person engage in any activities       Image: Constraint of the trust, or any disqualified or other person engage in any activities       Image: Constraint of the trust, or any disqualified or other person engage in any activities       Image: Constraint of the trust, or any disqualified or other person engage in any activities       Image: Constraint of the trust, or any disqualified or other person engage in any activities       Image				ŀ	120		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       17       17       17	а	-			138		
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14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10       10	~						
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15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10				l l l l l l l l l l l l l l l l l l l			
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10							
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16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         17       If "Yes," complete Form 6069.       10					15		
If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.	16		income?		16		Х
17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.		-			10		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.	17		tivities				
If "Yes," complete Form 6069.	••				17		
232005 12-13-22 Form <b>990</b> (2022)	232005				Form	990	(2022)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct	ions.						
	Check if Schedule O contains a response or note to any line in this Part VI				X			
Sec	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	8						
	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	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth	ier						
	officer, director, trustee, or key employee?		2		x			
3	Did the organization delegate control over management duties customarily performed by or under the direct super							
•	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 become aware during the year of a significant diversion of the organization is assess?		6		x			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				- 23			
7a			7-		x			
	more members of the governing body?		7a					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				v			
-	persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	0		v				
а	The governing body?		8a	X	37			
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 Code.)	/						
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat	tes,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	Х				
b	<b>b</b> Describe on 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	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	)						
	on Schedule O how this was done		12c	Х				
13	Did the organization have a written whistleblower policy?		13	Х				
14	Did the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent	dent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a	Х				
	Other officers or key employees of the organization		15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
.54	Associate and the design of the second		16a		x			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization of the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization of the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization of the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization		100					
D.	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					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 501(c)(3)s	oniy)	avallal	ole			
	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	,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere-	est policy, and	tinano	cial				
	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 recor	ds						
	DENISE FELIX - (831)758-0181							
	130 WEST GABILAN STREET, SALINAS, CA 93901			000				
32006	5 12-13-22		Form	990	(2022)			
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Form 990 (2022)

DOOR TO HOPE

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94-2240770

Form 990 (2022)	DOOR TO HOPE	94-2240770	Page 7
Part VII Compensation	n of Officers, Directors, Trustees, Key Er	nployees, Highest Compensated	
Employees, a	nd Independent Contractors		
Check if Schedule	e O contains a response or note to any line in this Part	VII	
Section A. Officers, Directo	ors, Trustees, Key Employees, and Highest Compe	nsated Employees	
		or the calendar year ending with or within the organization' viduals or organizations), regardless of amount of compension	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle:	ss per	more rson i	than c s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRIS SHANNON	40.00							004 400	0	10 000
EXECUTIVE DIR.	40.00			X				224,492.	0.	12,273.
(2) DENISE FELIX CFO	40.00			x				116,366.	0.	8,936.
(3) KATERINA STAFFORD	40.00			<u> </u>				110,500.	0.	0,950.
CLINICAL SUPERVISOR	40.00					x		108,614.	0.	12,982.
(4) CLAUDIA GOMEZ	40.00							100,014.		12,902.
DIR. OF FAMILY SERVICES						x		102,851.	0.	7,393.
(5) SHARON RILEY	40.00									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CLINICAL SUPERVISOR						x		101,399.	0.	5,189.
(6) ANDREW LIU	4.00									-
PAST PRESIDENT		Х						0.	0.	0.
(7) JOHN MENOLD	2.00									
DIRECTOR		Х						0.	0.	0.
(8) SUE GIBBONS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(9) MEREDITH SILLMAN	2.00									
INTERIM TREASURER		Х		Х				0.	0.	0.
(10) PADDY GRINSTEIN	4.00									
PRESIDENT		х		Х				0.	0.	0.
(11) TOBIAS TENORIO DIRECTOR	2.00	x						0.	0.	0.
(12) PAMELA BROWN	2.00								•••	•••
DIRECTOR		х						0.	0.	0.
(13) PATTY CUTLER	2.00									
DIRECTOR		х						0.	0.	0.

232007 12-13-22

Form 990 (2022)

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	990 (2022) DOOR TO P	IOPE								94-2240	)770 I	-age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)		
	(A) Name and title	( <b>B)</b> Average hours per week	Average ours per (do not cl box, unles			(C) Position do not check more than one ox, unless person is both an fficer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amoun othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compens from t organiza and rela organiza	he ation ated
	Subtotal								653,722.	0.		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	<u></u>			<u></u>				0. 653,722.	0.		0. 73.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	Vee	5 No
3	Did the organization list any <b>former</b> officer,	-		•	•	-		Ŭ	• •		Yes	X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization	3 4 X	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services	5	x
Sec 1	tion B. Independent Contractors	-										
	the organization. Report compensation for t									, ,	(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Compensati	on
2	Total number of independent contractors (ir	•	ot lin	nitec	to	thos C		ted	above) who received mo	pre than		
	\$100,000 of compensation from the organiz						•				Form <b>990</b>	(2022)

	n 990					94-2240	770 Page <b>9</b>
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin		(B)	(C)	
				( <b>A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
, Gr	c	Fundraising events 1c					
àifts ar A	d	Related organizations 1d					
s, G milå	е		448,174.				
tion r Si	f	All other contributions, gifts, grants, and					
ibut			202,537.				
ontr od O	g	Noncash contributions included in lines 1a-1f					
<u>ų č</u>	h	Total. Add lines 1a-1f		6,650,711.			
	_	FFFC FOD CEDUTCE	Business Code 621400	27,344.	27,344.		
/ice	2a ⊾	FEES FOR SERVICE	021400	27,344.	27,344.		
Serv	b						
im S ven	c d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		27,344.			
	3	Investment income (including dividends, intere					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c					
	c c	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	870.				
	b	Less: cost or other basis					
ne		and sales expenses	0.				
venue	с	Gain or (loss) 7c	870.				
	d	Net gain or (loss)		870.			870.
Other Re	8 a	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
	<b>–</b>	Part IV, line 18   8a     Less: direct expenses   8b					
		Net income or (loss) from fundraising events		2,550.			2,550.
		Gross income from gaming activities. See		275501			275501
	54	Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	с	Net income or (loss) from sales of inventory					
sr		MISCELLANEOUS INCOME	Business Code 621400	13,153.			13,153.
10e(	11 a ו	MISCELLANEOUS INCOME	021400				13,133.
ilar. ven	b						
Miscellaneous Revenue	c d	All other revenue					<u></u>
ž	e u	Total. Add lines 11a-11d		13,153.			
	12	Total revenue. See instructions		6,694,628.	27,344.	0.	16,573.
23200	9 12-13						Form <b>990</b> (2022)

DOOR TO HOPE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(C)(3) and 501(C)(4) organizations must comp Check if Schedule O contains a respons				
Dor	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,				
	trustees, and key employees	371,050.	322,814.	48,236.	
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	3,726,283.	3,245,475.	480,808.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	450,432.	400,463.	49,969.	
10	Payroll taxes	326,123.	283,613.	42,510.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	60.054	4 5 5 5		
	Accounting	62,254.	1,575.	60,679.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	427 404	411 002	25 421	
	column (A), amount, list line 11g expenses on Sch 0.)	437,424.	411,993.	25,431.	
12	Advertising and promotion	119,541.	103,170.	16,371.	
13	Office expenses	119,541.	103,170.	10,3/1.	
14	Information technology				
15	Royalties	483,005.	428,033.	54,972.	
16		405,005.	420,055.	54,972.	
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	· · · · · · · · · · · · · · · · · · ·	47,711.	16,586.	31,125.	
20 21	Payments to affiliates	<u> </u>		<u> </u>	
22	Depreciation, depletion, and amortization	36,033.	33,344.	2,689.	
23	Insurance	59,901.		59,901.	
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 0.)				
а	FOOD AND SUPPLIES	249,559.	195,696.	53,863.	
b	VEHICLE EXPENSES	68,960.	68,880.	80.	
с	STAFF DEVELOPMENT	28,396.	24,597.	3,799.	
d	OTHER	21,571.	12,363.	9,208.	
е	All other expenses	13,978.	10,862.	3,116.	
25	Total functional expenses. Add lines 1 through 24e	6,502,221.	5,559,464.	942,757.	0.
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 98-2 (ASC 958-720)				

DOOR TO HOPE

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,172.	1	1,172.
	2	Savings and temporary cash investments	474,028.	2	146,249.
	3	Pledges and grants receivable, net	1,043,066.	з	1,348,772.
	4	Accounts receivable, net		4	1,267,348.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	07 101	9	27,087.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 1,068,587	•		
	b	Less: accumulated depreciation 10b 609,079	. 494,671.	10c	459,508.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	27,204.	15	28,362.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,278,498.
	17	Accounts payable and accrued expenses	782,295.	17	970,790.
	18	Grants payable		18	
	19	Deferred revenue		19	425,897.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	392,970.	23	415,255.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	378,630.	25	0.
	26	Total liabilities. Add lines 17 through 25	2,062,031.	26	1,811,942.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions		27	1,260,322.
Ba	28	Net assets with donor restrictions	182,782.	28	206,234.
pur		Organizations that do not follow FASB ASC 958, check here			
Т Г		and complete lines 29 through 33.			
s O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,274,149.	32	1,466,556.
_	33	Total liabilities and net assets/fund balances	3,336,180.	33	3,278,498.

Form 990 (2022)

Part XI       Reconciliation of Net Assets         Check If Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VIII, column (A), line 12)       1       6, 694, 628.         2       Total expenses (must equal Part X, column (A), line 25)       2       6, 502, 221.         3       192, 407.       4       1, 274, 149.         5       Net unrealized gains (losses) on investments       5         6       6       7         7       8       6         7       8       6         9       Other changes in net assets or fund balances (explain on Schedule O)       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1       1, 466, 556.         Part XII       Financial Statements and Reporting       1       1, 466, 556.         Column (B)       Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       M excounting method used to prepare the form sone yar or checked 'Other, * explain on Schedu	Form	990 (2022) DOOR TO HOPE	94-	224077	) <sub>P</sub>	<sub>age</sub> 12
1       Total revenue (must equal Part VII, column (A), line 12)       1       6,694,628.         2       Total expenses (must equal Part IX, column (A), line 25)       2       6,502,221.         3       Revenue less expenses. Subtract line 2 from line 1       3       192,407.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,274,149.         5       6       6       6       6         7       7       7       7         8       9       0.       9       0.         9       0.tert changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       the organization changed its method of accounting from	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       6,502,221.         3       Revenue less expenses. Subtract line 2 from line 1       3       192,407.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,274,149.         5       Net unrealized gains (losses) on investments       6       7         6       7       8       6         7       8       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1,466,556.         Part XII       Total expenses         Check if Schedule 0 contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       6,502,221.         3       Revenue less expenses. Subtract line 2 from line 1       3       192,407.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,274,149.         5       Net unrealized gains (losses) on investments       6       7         6       7       8       6         7       8       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1,466,556.         Part XII       Total expenses         Check if Schedule 0 contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.       2a       X       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b						
3       Revenue less expenses. Subtract line 2 from line 1       3       192,407.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,274,149.         5       6       6       6         7       8       6       6         7       8       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1,466,556.         Part XIII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting meth	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,274,149.         5       Net unrealized gains (losses) on investments       5         6       0onated services and use of facilities       6         7       8       7         8       9       0.         9       0.       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       1, 466, 556.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1f       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         1       Yes       No       X       X       X         1       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5         6       6       7         7       8       6         7       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1, 4666, 556.         Part XII       Friancial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If 'Yees,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       X         If 'Yees,' check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis or both:       2b       X       X         If 'Yees,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If 'Yees,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: </th <th>3</th> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td></td> <td></td>	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1, 466 , 556 .         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yee," check a box below to indicate whether the financial statements and rependent accountant?       Za       X       Za       X         If "Yee," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Zb       X       Zb       X         If "Yee," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Zb       X	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	74,1	<u>149.</u>
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1, 466, 5556.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compiliation of its financial statements and selectio	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       1,466,5556.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Z       Z       X         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       Z       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements and lede by an independent accountant?       2b       X       Image: Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X       Image: Separate basis       Consolidated basis<	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,466,556.   Part XII Financial Statements and Reporting X   Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   Accounting method used to prepare the Form 990: Cash X   No Separate basis Consolidated basis or both:   Separate basis Consolidated basis Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:   Separate basis Consolidated basis   b Were the organization of its financial statements and selection of an independent accountant?   If "Yes," check a box below to indicate whether the f	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1, 466, 556.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X       Image: Consolidated basis       Consolidated basis       Consolidated basis       2b       X       Image: Consolidated basis       2b       X       Image: Consolidated basis	8	Prior period adjustments	8			
column (B)       10       1,466,556.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Doth consolidated and separate basis         b       Were the organization's financial statements and lied 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 separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       X       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis       2b       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis       2c       X       Image: Consolidated ba	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Accounting method used to prepare the Form 990:   Cash   X   Mere the organization's financial statements compiled or reviewed by an independent accountant?   Separate basis   Consolidated basis, or both:   Separate basis   Consolidated basis   Definition of its financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Detine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		column (B))	10	1,4	56,5	556.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? <				_	Yes	3 No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the 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 separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, exp	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       X       J       J       J         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			·	<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the 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 separate basis, consolidated basis, or both:       X       Image: Consolidated basis		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X         X       Separate 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 audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparize the comparization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	b	Were the organization's financial statements audited by an independent accountant?		2t	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Description         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated basis       Im		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? <b>3a</b> X <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits <b>3b</b>		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       X         Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b					X	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O			
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			1	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		, , , , , , , , , , , , , , , , , , , ,			<u> </u>	<u> </u>
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A	١
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(Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
Name of the organization			on							identification numbe	
				TO HOPE						4-2240770	
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	orgar	nization is not a	a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>.</sup>	I)(A)(i).			
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	า 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	<b>)(b)(1)(A)(i</b>	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5		-	-		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv).(C	Complete Part II.)							
6			-	-	nental unit described in						
7	X	An organizati	on that norma	Illy receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general	public described in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:									
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from	
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section	<b>509(a)(2).</b> (Co	mplete Part III.)							
11	Щ	An organizati	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on	
	_	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а				-	upervised, or controlled	• • •	-				
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		<b>_</b>		complete Part IV, Se							
b				-	l or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
	_			t complete Part IV,							
с			-	• • • •	g organization operated				lly integrate	ed with,	
_	_		•	.,.	). You must complete I			-			
d			-		oorting organization oper				° °		
					ation generally must sat				an attentiv	/eness	
	_	- ·	i i	,	nplete Part IV, Sections				<b>.</b>		
е			•		written determination fro			Type I, Type	II, Type III		
	E.e.t			·	nally integrated supportin						
		er the number	• •	•	d arganization(a)						
<u> </u>		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior		(-) =	(described on lines 1-10	Yes	ing document?	support (see ii		support (see instructions	
					above (see instructions))	103					
				1	I		L				

Schedule A	(Form	000	202
Schedule A		990	1202

DOOR TO HOPE

94-2240770 Page 2

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

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

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5757196.	5467677.	5547762.	8844087.	6650711.	32267433.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge				0044005	6650811	20067422	
	Total. Add lines 1 through 3	5757196.	5467677.	5547762.	8844087.	6650/11.	32267433.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	a a lu una a (f)							
6	Public support. Subtract line 5 from line 4.						32267433.	
	ction B. Total Support						52207455	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	5757196.	5467677.	5547762.	8844087.		32267433.	
	Gross income from interest,		010/0//0	001//020				
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources		2,639.	13,454.	4,500.		20,593.	
9	Net income from unrelated business		,		,			
•	activities, whether or not the							
	business is regularly carried on	6,178.	12,122.			15,703.	34,003.	
10	Other income. Do not include gain		-					
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						32322029.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	329,039.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>99.83 %</u>	
	Public support percentage from 2021					15	<u>99.88 %</u>	
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2021. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
		-		• • • •	-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
10	organization meets the facts-and-circle		-		• •			
IÖ	Private foundation. If the organization	л ай пот спеск а		a, 100, 17a, or 170	, check this box a		<u>s</u>	
						Schedule A	(1 JIII 330) 2022	

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DOOR TO HOPE

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
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 emount or line 12 for the upon						
~	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6		(	(-/	(-)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	anization,
_							
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves		•			1 1	
17						17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the						line 17 is not
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2021.</b> If the						
00	line 18 is not more than 33 1/3%, che						
-	Private foundation. If the organization	n ala not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22					Sche	edule A (Form 990) 2022

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1

Yes No

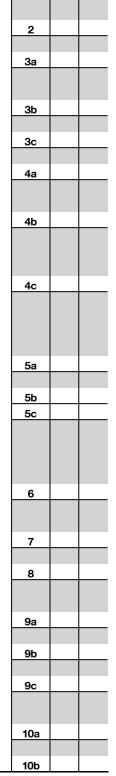
## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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Schedule A			DOOR	-	HOPE

Гa	Supporting Organizations (continuea)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ľ	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization u	ised to satisfy th	he Integral Part Test o	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. *Complete* **line 3** *below.*

с	The organization supported a c	overnmental entity.	Describe in Part VI how you	u supported a governmental entity (see instructions).
---	--------------------------------	---------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **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 **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** 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? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

Schedule A (Form 990) 2022

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Check here if the organization satisfied the Integral Part Test as a qua			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations		-	
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			
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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	3		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-funct	ionally integrated	d Type III supporting orga	inization (see

supporting org g гуре п У ıу g instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 DOOR TO HOPE
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

e Excess from 2022

Schedule A (Form 990) 2022 DOOR TO HOPE
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	()	
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	-	1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2	2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3	3	
4	Amounts paid to acquire exempt-use assets		4	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	•		
	(provide details in Part VI). See instructions.		8	3	
9	Distributable amount for 2022 from Section C, line 6		9	9	
10	Line 8 amount divided by line 9 amount		10	0	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 202	22
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount			_	
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		TO HOPE			94-2240770	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9c 3; Part IV, Section E, lir	c, 11a, 11b, and 11c; Part nes 1c, 2a, 2b, 3a, and 3b	IV, Section B, lines 1 ; Part V, line 1; Part V	and 2; Part IV, Section , Section B, line 1e; Pa	C, rt V,
	Section D, lines 5, 6, and (See instructions.)	8; and Parl	V, Section E, lines 2, 5	and 6. Also complete this	s part for any addition	al information.	
						Cabadula A /E	00) 0000
232028 12-09-2	2			20		Schedule A (Form 9	90) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ime of the organization

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

DOOR TO HOPE	94-2240770
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <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

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**

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**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of th

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page <b>2</b>
Name of or	rganization		Emplo	yer identification number
DOOR	TO HOPE		94	-2240770
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$4,061,2	<u>67.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2		\$878,5	98.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3		\$668,1	95.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4		\$432,7	29.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5		\$147,2	<u>56.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
6		\$234,6	42.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2** 

Schedule B (Form 990) (2022)

Name of or	ganization		Employer identification number
DOOR 7	TO HOPE		94-2240770
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	

10090417 131839 A568615

Schedule B (Form 990) (2022)

## Schedule B (Form 990) (2022)

Name of org	ganization		Employer identification number				
יי אטטט	O HOPE		94-2240770				
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line entr haritable, etc., contributions of \$1,000 or le	y. For organizations s for the year. (Enter this info. once.)				
	Use duplicate copies of Part III if additional s	pace is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		() Transfer of sift					
		(e) Transfer of gift					
F	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
	Transferee's name, address, ar		Relationship of transferor to transferee				
223454 11-15-2	22		Schedule B (Form 990) (2022				

## 10090417 131839 A568615

24 2022.05080 door to hope

SCHEDULE	D
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

DOOR	то	HOPE

Employer identification number

Nam	e of the organization DOOR TO HOPE		Employer identification number 94-2240770
Par		d Funds or Other Similar Funds o	
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
	Tatal mumber at and afterna		
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Der	impermissible private benefit?		
Par			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education)	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🔄 No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	ts that describes the
D.	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial g	jain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

25 2022.05080 DOOR TO HOPE Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 DOOR TO							94-22	40770	) Ра	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histori	ical Tre	easures, o	r Othe	r Simila	r Assets	(contir	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check ar	ny of the f	following that	: make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	l 🗌 Lo	an or exc	hange progra	am					
b	Scholarly research	e	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they	further th	ne organizatio	on's exei	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical treas	sures, or othe	er similaı	assets		_		_
	to be sold to raise funds rather than to be m				llection?				Yes		No
Par	t IV Escrow and Custodial Arran		ete if the or	rganizatio	n answered '	'Yes" or	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for cor	ntribution	s or other ass	sets not	included		_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le:					_		
									Amoun	1	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
t	Ending balance								7.,		1
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	∟	Yes		J No ∃
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete										
		(a) Current year	(b) Pric		(c) Two year		(d) Three y	ears hack	(e) Four	vears	hack
10	Reginning of year balance	(u) ourient you		i you	(0) 100 you	10 Buok	<b>(u)</b> 11100 )			youro	buok
1a b	Beginning of year balance										
0	Contributions										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a. c	olumn (a)	)) held as:						
a	Board designated or quasi-endowment		%		,, 11010 00.						
b	Permanent endowment	%									
c	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse		ation that a	re held ar	nd administer	ed for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sche	edule R?					Зb		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment fun	ds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, li	ne 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		• •	t or other (other)	• • •	ccumulate preciation	ed	<b>(d)</b> Boo	< value	Э
1a	Land			7	3,000.					3,00	
	Buildings			41	0,842.		170,18		24	),65	54.
	Leasehold improvements			56	7,877.		422,02	23.	14	5,85	54.
	Equipment			1	6,868.		16,8	58.			0.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X, column	(B), line 1	0c.)				45	9,50	08.

Schedule D (Form 990) 2022

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(a) Description of security or category (including name of security)	(b) Book value	t IV, line 11b. See Form 990, Part X, line 12. Ilue (c) Method of valuation: Cost or end-of-yea				
A. Financial destructions	(-)		,			
Pinancial derivatives     Closely held equity interests						
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes" o						
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value			
(9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value			
(9)           Dotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)           Part IX           Other Assets.           Complete if the organization answered "Yes" or           (a) [           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value			
(9)           otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)           Part IX         Other Assets.           Complete if the organization answered "Yes" of (a)           (1)         (a)           (2)         (a)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Other Liabilities.	Description					
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	Description		25.			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (b) Description of liability.	Description					
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (b) Description of liability.	Description		25.			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		25.			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		25.			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.			
(9) Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		25.			
(9)           Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)           Part IX         Other Assets.           Complete if the organization answered "Yes" or           (a) D           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Liabilities.           Complete if the organization answered "Yes" or           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Liabilities.           Complete if the organization answered "Yes" or           (1)         Federal income taxes           (2)           (3)           (4)           (5)	Description		25.			
(9)         Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or         (a) E         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes" or         (3)         (4)         (5)         (6)	Description		25.			
(9)           Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)           Part IX         Other Assets.           Complete if the organization answered "Yes" or           (a) E           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Liabilities.           Complete if the organization answered "Yes" or           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Liabilities.           Complete if the organization answered "Yes" or           (1)         Federal income taxes           (2)         (3)           (4)           (5)           (6)           (7)	Description		25.			
(9)         Other Assets.           Complete if the organization answered "Yes" or (a) D           (1)         (a) D           (2)         (a) D           (3)         (b) must equal Form 990, Part X, col. (B) line           (6)         (7)         (a) D           (7)         (b) must equal Form 990, Part X, col. (B) line           Part X         Other Liabilities.           Complete if the organization answered "Yes" or           (1)         Federal income taxes           (2)         (a) Description of liability           (1)         Federal income taxes           (2)         (3)           (4)         (5)           (6)         (6)	Description		25.			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the 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) 2022

232053 09-01-22

X

Sche	dule D (Form 990) 2022 DOOR TO HOPE		94-2	2240770 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,694,628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			6,694,628.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)		6,694,628.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	6,502,221.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			6,502,221.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	5	6,502,221.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

AS A	TAX-E	XEMP	T NOT	-FOR-	PROFIT	' ORG	ANIZAT	ION,	THE	ORGANI	ZATION	IS E	XEMPT
FROM	FEDER	AL I	NCOME	TAX	UNDER	SECT	ION 50	1(C)	(3) (	OF THE	INTERN	AL RE	VENUE
CODE	AND F	ROM	STATE	FRAN	ICHISE	TAX	UNDER	CALII	FORN	IA REVE	NUE AN	D TAX	ATION
CODE	SECTI	ON 2	3701(1	D), E	BUT IS	SUBJ	ЕСТ ТО	TAXI	ES OI	N UNREL	ATED B	USINE	SS
INCON	1E WHE	N EA	RNED.										
MANAG	GEMENT	' HAS	CONS	IDERE	D ITS	TAX	POSITI	ONS A	AND I	BELIEVE	S THAT	ALL	OF THE
POSI	TIONS	TAKE	N IN I	ITS F	EDERAI	AND	STATE	EXEN	IPT (	ORGANIZ.	ATION	TAX R	ETURNS

ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE

ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE

TAXING AUTHORITIES, GENERALLY FOR THREE YEAR AND FOUR YEARS, RESPECTIVELY, 232054 09-01-22 Schedule D (Form 990) 2022 28

Schedule D (Form 990) 2022 Part XIII Supplemental Inform	DOOR TO HOPE		94-2240770	Page 5
Part XIII Supplemental Inform	ation (continued)			
AFTER THEY ARE FILED	•			
			Only duty D (C	
232055 09-01-22			Schedule D (Form 9	50) 2022

10090417 131839 A568615

SC	HEDULE J	Compensation Info	ormation	I	OMB No.	1545-004	47		
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
			2022						
Depar	epartment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.								
	al Revenue Service	Go to www.irs.gov/Form990 for instructions			Inspe				
Nam	e of the organization			Employer id			mber		
		DOOR TO HOPE		94-22	24077	0			
Ра	rt I Question	s Regarding Compensation							
						Yes	No		
1a		ate box(es) if the organization provided any of the following to		990,					
	·	line 1a. Complete Part III to provide any relevant information r	<b>°</b>						
	First-class or c		lowance or residence for perso						
	Travel for com		for business use of personal re-						
	_		social club dues or initiation fee						
		pending account Personal s	ervices (such as maid, chauffeu	ir, chet)					
<b>b</b>	If any of the haves	on line to are checked, did the experimetion follow a written o	alian reacting parment or						
a		on line 1a are checked, did the organization follow a written p	, , ,		16				
2		rovision of all of the expenses described above? If "No," com			<u>1b</u>				
2		n require substantiation prior to reimbursing or allowing expenses, including the CEO/Executive Director, regarding the items			2	х			
	trustees, and onice	s, including the CEO/Executive Director, regarding the items							
3	Indicate which if a	y, of the following the organization used to establish the com	nensation of the organization's						
•		ctor. Check all that apply. Do not check any boxes for metho							
		tion of the CEO/Executive Director, but explain in Part III.	as used by a related organization	51110					
		Impensation committee       Impensation committee         Impensation committee       Impensation consultant         Impensation consultant       Impensation survey or study         Impensation consultant       Impensation survey or study         Impensation consultant       Impensation survey or study         Impensation committee       Impensation survey or study         Impensation committee       Impensation survey or study							
	·								
	·								
				011111111000					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, w	ith respect to the filing						
	organization or a re	•••	5						
а	•				4a		X		
b		eive payment from a supplemental nonqualified retirement pla					X		
с	Participate in or rec	eive payment from an equity-based compensation arrangeme			4.		X		
		es 4a-c, list the persons and provide the applicable amounts							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete	lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n					
	contingent on the r	evenues of:							
а	The organization?	anization?					X		
		ny related organization?					X		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n					
	contingent on the net earnings of:								
а	The organization?	ization?					X		
		related organization?					X		
	If "Yes" on line 6a o	r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization							
		described on lines 5 and 6? If "Yes," describe in Part III					X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a	contract that was subject to the	ne					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Ye	s," describe in Part III		8		X		
9		d the organization also follow the rebuttable presumption pro							
		53.4958-6(c)?			. 9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schedu	le J (Forr	n <b>990</b> )	) 2022		

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#### 94-2240770

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRIS SHANNON	(i)	224,492.	0.	0.	3,533.	8,740.	236,765.	0.
EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE L
------------

Department of the Treasury

## (Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
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2022	
Open To Public	

Internal Revenue Service	Go to ww	w.irs.gov/Forn	n990 fc	or inst	ructions and the lat	est information.			In	spect	ion	
Name of the organization		Employe						yer identification number				
	DOOR TO H	го норе 94				-22	407	70				
Part I Excess Be	nefit Transactio	ONS (section 5	01(c)(3)	), secti	ion 501(c)(4), and see	ction 501(c)(29) orga	nizatic	ons on	ly).			
Complete if th	e organization answ	vered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, I	ine 40	b.			
1	(b) F	Relationship bet	ween d	lisqual	ified ,					(d)	Correc	cted?
(a) Name of disqualifie	a person	person and o	rganiza	tion	(0	c) Description of tran	sactio	n		<u> </u>	es	No
2 Enter the amount of ta	ax incurred by the or	rganization man	agers o	or disc	ualified persons dur	ing the year under						
section 4958								\$				
3 Enter the amount of ta	ax, if any, on line 2, a	above, reimburs	ed by t	the org	ganization			\$				
Part II Loans to a	nd/or From Inte	erested Pers	sons.									
Complete if th	e organization answ	vered "Yes" on	Form 9	90-EZ	, Part V, line 38a or F	Form 990, Part IV, line	e 26; d	or if th	e orga	nizatic	n	
reported an a	mount on Form 990	í í í	-í		[				<b>KI ) A a</b>			
(a) Name of	(b) Relationship	(c) Purpose	(d) Loa	an to or 1 the	(e) Original	(f) Balance due		,	( <b>h)</b> Ap I by bo	proved ard or	(1) **	
interested person	with organization	of loan	organiz	zation?	principal amount		defa	ault?	cómn	<u>ittee?</u>	agreei	ment?
			То	From			Yes	No	Yes	No	Yes	No
										<u> </u>		
										<u> </u>		
										<u> </u>		
										<u> </u>		
										<u> </u>		
										<b> </b>		
										<u> </u>		

Total

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

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\$

Schedule L (Form 990) 2022

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
JESSICA ORTIZ	FAMILY MEMBER	104,078.	COMP FOR EM	:	X
ANNA MARQUEZ-MASON	FAMILY MEMBER	100,957.	COMP FOR EM	:	X
MANUEL DORANTE	FAMILY MEMBER	10,360.	MAINTENANCE		X

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JESSICA ORTIZ

(D) DESCRIPTION OF TRANSACTION: COMP FOR EMPLOYMENT

(A) NAME OF PERSON: ANNA MARQUEZ-MASON

(D) DESCRIPTION OF TRANSACTION: COMP FOR EMPLOYMENT & REIMBURSEMENTS

(A) NAME OF PERSON: MANUEL DORANTE

(D) DESCRIPTION OF TRANSACTION: MAINTENANCE SERVICES

Schedule L (Form 990) 2022

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34 2022.05080 DOOR TO HOPE SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 94 - 2240770

## DOOR TO HOPE

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH OPIOID RESPONSE - THIS PROGRAM PROVIDES SPECIALIZED

MEDICATION-ASSISTED TREATMENT (MAT) AND RELATED EDUCATION AND SUPPORT

SERVICES TO YOUTH WITH OPIOID USE DISORDERS.

EXPENSES \$ 176,313. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PARENT MENTORING SERVICES - PROVIDES TRAINED MENTORS FOR PARENTS WHO

HAVE LOST CUSTODY OF THEIR CHILDREN BUT ARE IN THE REUNIFICATION

PROCESS AND FOR NEW FOSTER PARENTS, RELATIVE CAREGIVERS, AND ADOPTIVE

PARENTS.

EXPENSES \$ 300,129. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INTEGRATED CO-OCCURRING TREATMENT PROGRAM (ICT) - A PROGRAM THAT

PROVIDES INTENSIVE, HOME-BASED SERVICES FOR TEENAGERS EXPERIENCING BOTH

MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS.

EXPENSES \$ 463,597. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OUTPATIENT SERVICES - AN OUTPATIENT TREATMENT PROGRAM SERVING BOTH MEN

AND WOMEN WITH SUBSTANCE ABUSE DISORDERS. MOST OUTPATIENT REFERRALS

ARE FROM DRUG COURT, THE JUSTICE ASSISTANCE GRANT, OR ARE SERVICED

THROUGH DRUG MEDI-CAL AND ARE LOW INCOME, INDIGENT, AND/OR HOMELESS.

EXPENSES \$ 492,563. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27,344.

BEHAVIOR HEALTH INTEGRATION - A COMPREHENSIVE SCREENING, CASE

MANAGEMENT, TREATMENT, AND REFERRAL PROGRAM PROVIDING MOTHERS AND THEIR

CHILDREN THE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization DOOR TO HOPE	Employer identification number 94-2240770
NEEDED FOR A HEALTHY FAMILY LIFESTYLE. WHEN A MOTHER IS RE	FERRED TO BHI
OUR HIGHLY SKILLED PROFESSIONAL THERAPISTS, COUNSELORS AND	BEHAVIORAL
HEALTH SPECIALISTS UNDERSTAND THE DIVERSE AND COMPLEX CHAL	LENGES THESE
MOTHERS FACE. A COMPREHENSIVE ASSESSMENT IS COMPLETED BY O	UR CARING
STAFF. DOOR TO HOPE BEHAVIORAL HEALTH SPECIALISTS WILL THE	N PROVIDE
TREATMENT PLANS, CASE MANAGEMENT, AND CARE INTEGRATION TO	HELP MOTHERS
AND THEIR CHILDREN IMPROVE AND GAIN ACCESS TO A WIDE RANGE	OF SERVICES.
EXPENSES \$ 85,896. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
PATHWAYS TO SAFETY - PROVIDES FAMILY RESOURCE SPECIALISTS	FOR EARLY
INTERVENTION FOR FAMILIES AT-RISK FOR CHILD WELFARE INVOLV	EMENT.
EXPENSES \$ 394,291. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 8B:	

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

LINE 11B EXPLANATION - GOVERNING BODY IS PROVIDED COPIES OF 990 FOR REVIEW

BY MANAGEMENT PRIOR TO FILING OF THE 990.

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

THE POLICY IS REVIEWED AT LEAST ANNUALLY WITH BOARD MEMBERS AND EACH MEMBER

PROVIDES SIGNED ADHERENCE TO MANAGEMENT OF THEIR UNDERSTANDING AND ANY

POTENTIAL CONFLICTS.

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

WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER, THE ORGANIZATION
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Schedule O (Form 990) 2022 Name of the organization	Page : Employer identification number
DOOR TO HOPE	94-2240770
SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE	REBUTTABLE
PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDI	NG INTERMEDIATE
SANCTIONS (4958).	
1.COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPEND	ENT MEMBERS OF
THE ORGANIZATION'S GOVERNING BODY (BOARD OF DIRECTORS OR A	SUBCOMMITTEE
THEREOF) THAT IS COMPOSED OF PERSONS WHO DO NOT HAVE A CON	FLICT OF INTEREST
WITH RESPECT TO THE COMPENSATION ARRANGEMENT.	
2.BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION,	THE GOVERNING
BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY D	АТА
(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARAB	LE AND SIMILARLY
SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMP	ENSATION.
3.GOVERNING BODY CONTEMPORANEOUSLY DOCUMENTS ITS BASIS FOR	MAKING A
REASONABLE COMPENSATION DETERMINATION, AS FOLLOWS:	
A.TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED	BY THE BOARD
B.MEMBERS OF THE BOARD PRESENT DURING DEBATE ON THE COMPEN	SATION AMOUNT AND
THOSE WHO VOTED ON IT AND HOW THEY VOTED ON IT	
C.DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND RELIE	D UPON AND HOW
SUCH DATA WAS OBTAINED	
D.ANY ACTIONS BY A BOARD MEMBER HAVING A CONFLICT OF INTER	EST (E.G.
DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE D	ISCUSSION)
E.DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMIN	ATION BEFORE THE
LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE FINAL	ACTIONS OF THE
AUTHORIZED BODY ARE TAKEN	
WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER,	THE ORGANIZATION
SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE	REBUTTABLE
PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDI	NG INTERMEDIATE
SANCTIONS (4958).	
1.COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPEND	ENT MEMBERS OF

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Schedule O (Form 990) 2022

Name of the organization DOOR TO HOPE	Employer identification number 94-2240770
THE ORGANIZATION'S GOVERNING BODY (BOARD OF DIRECTORS OR A	SUBCOMMITTEE
THEREOF) THAT IS COMPOSED OF PERSONS WHO DO NOT HAVE A CONF	LICT OF INTEREST
WITH RESPECT TO THE COMPENSATION ARRANGEMENT.	
2.BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION,	THE GOVERNING
BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DA	ТА
(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABL	E AND SIMILARLY
SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPE	NSATION.
3.GOVERNING BODY CONTEMPORANEOUSLY DOCUMENTS ITS BASIS FOR	MAKING A
REASONABLE COMPENSATION DETERMINATION, AS FOLLOWS:	
A.TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED	BY THE BOARD
B.MEMBERS OF THE BOARD PRESENT DURING DEBATE ON THE COMPENS	ATION AMOUNT AND
THOSE WHO VOTED ON IT AND HOW THEY VOTED ON IT	
C.DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND RELIED	UPON AND HOW
SUCH DATA WAS OBTAINED	
D.ANY ACTIONS BY A BOARD MEMBER HAVING A CONFLICT OF INTERE	ST (E.G.
DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE DI	SCUSSION)
E.DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINA	TION BEFORE THE
LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE FINAL	ACTIONS OF THE
AUTHORIZED BODY ARE TAKEN.	
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE U	PON REQUEST.

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED FROM THE PRIOR YEAR.

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Schedule O (Form 990) 2022