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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

		- 0040 calcadar was an tar was basinning				
B C	heck if	e 2012 calendar year, or tax year beginning and ending C Name of organization	D Employer identif	ication number		
aj	pplicab		b Employer rechanged in number			
<u> </u>	_ Addre	ss change	90-0637806			
<u> </u>	7	change DOORS OF HOPE TRANSITION MINISTRIES Number and street (or P.O. box, if mail is not delivered to street address) Room/suit				
<u> </u>	∐Initial	return .	· '			
늗	⊒Termı ⊐		662-234-1100			
늗	Amen	ded return City or town, state or country, and ZIP + 4	F Group Exemptio	n		
<u></u>		tion pending OXFORD, MS 38655	Number			
		ting Method: X Cash Accrual Other (specify)		H Check If the organization is not		
		e: ▶www.doorsofhopeoxford.org	required to attac			
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 52	<u> </u>	_ `		
		If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its				
\$	550,00	O. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruc	ctions). But if the orgai	nization chooses to file		
		, be sure to file a complete return.				
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa				
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	56676.		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions for Part I)			
_		Check if the organization used Schedule 0 to respond to any question in this Part I	····	<u> </u>		
	1	Contributions, gifts, grants, and similar amounts received	1	56676.		
1	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3			
	4	Investment income	4			
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less: cost or other basis and sales expenses 5b				
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and fundraising events				
<u>Φ</u>	a	Gross income from gaming (attach Schedule G if greater than				
Revenue		\$15,000) 6a				
ě	Ь	Gross income from fundraising events (not including \$ of contributions				
ш.		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)				
	C	Less: direct expenses from gaming and fundraising events				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	7a	Gross sales of inventory, less returns and allowances 7a				
	b	Less: cost of goods sold 7b				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule 0)	8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	56676.		
nses	10	Grants and similar amounts paid (list in Schedule 0) FEB 1 1 2013	10			
2	11	Benefits paid to or for members FEB 1 1 2013	11			
S S	12	Salaries, other compensation, and employee benefits	12	22284.		
Expenses	13	Professional fees and other payments to independent contractors:	13			
×	14	Occupancy, rent, utilities, and maintenance	14	27142.		
ш	15	Printing, publications, postage, and shipping	15			
	16	Other expenses (describe in Schedule 0) See Schedule C	16	3191.		
	17	Total expenses. Add lines 10 through 16	▶ 17	52617.		
<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4059.		
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
As		(must agree with end-of-year figure reported on prior year's return)	19	13874.		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	17933.		
_						

232171 01-11-13

Pa	rt II Bal	ance Sheets (see the	instructions for Part II)					
	Che	eck if the organization	used Schedule O to res	pond to any que				X
					(A) Beginning of year		(B) E	nd of year
22	Cash, savın	gs, and investments			1529	_		20317.
23	Land and b	ııldıngs				2:		
24	Other assets	s (describe in Schedule 0)	See Schedule ()	26			546.
25	Total asset	S			1555			20863.
26		ties (describe in Schedule 0)	See Schedule		168			2930.
27	Net assets	or fund balances (line 27 of col	umn (B) must agree with line 21)		1387			17933.
Pa			Service Accomplishme					(penses for section
	Che	eck if the organization	used Schedule O to res	spond to any que	stion in this Part II	X		and 501(c)(4)
Wha	t is the organi	zation's primary exempt purpos	See Schedule	<u> </u>				ons and section
			nts for each of its three largest progran sons benefited, and other relevant infor			•	for others) trusts; optional .)
							+	·
	Provid	ing life-skill g for homeless	<u> </u>	icoring and	supportive		1 1	
	nousin	g for nomeress			i		1	
	<u> </u>	\ I.				$\overline{}$] 28a	52617.
29	(Grants \$	<u>} !ir</u>	this amount includes foreign	grants, check here			1 204	32017.
25								
								
	(Granta \$	\ If	this amount includes foreign	arante chack hara		\Box] 29a	
30	(Grants \$	<i>,</i>	this amount includes foreign	grants, check here			, 254	
50		····-		<u> </u>			1 1	
								
	(Grants \$	\ If	this amount includes foreign	grants, check here		.] 30a	
31	`	am services (describe in Sch		granto, oricon riore				
	(Grants \$	•	this amount includes foreign	grants, check here	•		31a	
		am service expenses (add				<u> </u>	32	52617.
Pa	HIV Lie	t of Officers, Director	Trustage and Kay					
	ILL LA I PIS	t of Officers, Director	s, Trustees, and Key	Employees Listlead	h one even if not compensated	(see th	e instructions f	for Part IV)
			used Schedule O to re				e instructions f	for Part IV)
				spond to any que (b) Average hour	stion in this Part IV	/ (d)+	lealth benefits,	(e) Estimated
			used Schedule O to res	(b) Average hour per week devoted	stion in this Part IV (c) Reportable compensation (Form W-2/1099-MISC)	(d) H	lealth benefits, ntributions to ployee benefit	(e) Estimated amount of other
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Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

34 Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35a Did the organization have unrelated business gross mome of \$1,000 or more during the year from business activities (such as those reported on lines 2, 5a, and 7a, among others)? 35b Did the organization have unrelated business gross mome of \$1,000 or more during the year from business activities (such as those reported on lines 2, 5a, and 7a, among others)? 35c If Yes, 1 to line \$5, has the organization list of Form 990-T for the year? If Yio, "provide an explanation in Schedule 0 35c Was the organization action \$1,000 or gross of \$1,000 organization in Schedule 0 35d Was the organization undergo aliquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete Schedule, Part III 36c Was the organization undergo aliquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete Schedule, Part III 36d Was among the year? If Yes, complete Schedule, Part III 37a Line amount of political expenditures, direct or indirect, as described in the instructions 37b M/A 38c Did the organization the form 1120-DLor this year? 38a Did the organization the form 1120-DLor this year? 38b If Yes, 1 to misse Schedule, I. Part III 38c Scholor 501(c)(3) and 501(c)(4) organizations. Did the amount in volved 38c Scholor 501(c)(3) and 501(c)(4) organizations. Did the amount of tix x imposed on the organization during the year under; section 4912 № 0. section 501(c)(3) and 501(c)(4) organizations. Enter amount of tix x imposed on the organization managers or degrates Schedule, I. Part I 38c Scholor 501(c)(3) and 501(c)(4) organizations. Enter amount of tix x imposed on organization managers or degrates Schedule, I. Part II 48c Scholor 501(c)(3) and 501(c)(4) organizations. Enter amount of tix x imposed on organization managers or degrates the schedule, I. Part II 49c Scholor 501(c)(3) and 501(instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	<u>v</u>	X
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44 Were any significant changes made to the organization of governing documents? If "Yes," attach a conformation droy of the amended documents if they reflect a change to the organization is among chinerally as possible to the organization should be the organization in the properties of the organization in the properties of the organization in the properties of the organization and properties of the organization and properties of the organization into a foreign organization in the properties of the organization in the properties of the organization into the organiz			33		X
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35. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, and 72, among others)? 85. If I Yes, 1 to line 35s, has the organization filled a Form 990-T for the year? If Yo, 1 provide an explanation in Schedule 0. 85. If Yes, 2 to line 35s, has the organization filled a Form 990-T for the year? If Yo, 1 provide an explanation in Schedule 0. 85. If Yes, 2 to line 35s, has the organization filled a Form 990-T for the year? If Yos, 1 provide an explanation in Schedule 0. 86. If Yes, 2 to line organization undergo a liquidistion, discolution, termination, or significant disposition of net assets during the year? If Yes, 2 complete Schedule N. 86. If Yes, 2 to line organization be form 1120-D for this year? 87. Enter amount of political expenditures, direct or indirect, as described in the instructions. In the organization before Year 120-D for this year? 87. If Yes, 2 to organization is the Year 2 to organization of the tax year covered by this return? 88. If Yes, 2 to organizations. Enter: 88. If Yes, 2 to organizations. Enter is altered to the 3 to year covered by this return? 88. If Yes, 3 to organizations. Enter: 88. If Yes, 3 to organizations. Enter: 88. If Yes, 3 to organizations. Enter is altered to year organization. So that organizations is delicated on the 3 to year covered by this return? 88. Exchio. 5010(x)(3) organizations. Enter amount of tax is misposed on organization during the year under: section 591(x) organizations. Enter amount of tax is misposed on organization managers or dequilified persons during the year under sections 4912, 495, and 4958. 89. Section 5010(x)(3) and 5010(x)(4) organizations. Enter amount of tax is misposed on organization managers or dequilified persons during the year year was the organization aparty to a prohibited tax sheller transaction? If Yes, complete Comm 888-1. 80. Section 5010(x)(3) and 5010(x)(4) organizations. Enter amount of tax is misposed or th			34		X
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E Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,* complete Schedule C, Part III 35c	h			N/	
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The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file form 1120-PGL for this year? 37b Did the organization form or make any base to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Did I'Yes, Complete Schedule L. Part I and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: 1 Indiation fies and capital contributions included on line 9 1 Gross receipties, included on the 9 (6) to public use of club facilities. 1 Indiation fies and capital contributions included on line 9 1 Gross receipties, included on the 9 (6) to public use of club facilities. 2 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4985 excess benefit transaction during the year, or did the engage in any section 4985 excess benefit transaction during the year, or did year, or did the engage in the year under sections 4912, 4955, and 4986 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4986 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the year under sections 4912, 4955, and 4986 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the year of the year organization in the program of the year organization and year of the year organization in the year of the year organization and year organization and year organization and year organization and year organization in a foreign country: 1 List the setses with which a copy of this return is filed ▶ MS 2 I'Yes N and organization is a consequence or more hospital fa	30		26		v
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232174 01-11-13

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

DOORS OF HOPE TRANSITION MINISTRIES

Employer identification number

90-0637806 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ات An organization operated for the benefit of a college or university owned or operated by a governmental unit described ات section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d ____ Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No 11g(ı) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(II) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Did you notify the (vi) Is the (vii) Amount of monetary (i) Name of supported (n) EIN organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the U.S.? (i) of your support? above or IRC section governing document? (see instructions)) Yes Yes No Yes Nο Nο

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 DOORS OF HOPE TRANSITION MINISTRIES 90-06378 [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)

Sec	tion A. Public Support				,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")				37972.	56676.	94648.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	-					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				37972.	56676.	94648.
5	The portion of total contributions						
	by each person (other than a					1	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						_
6	Public support. Subtract line 5 from line 4						94648.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				37972.	56676.	94648.
8	Gross income from interest,		1				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carried on						· - · · · · · · · · · · · · · · · · · ·
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>		<u> </u>	94648.
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, thi	ırd, fourth, or fıfth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						▶ X
	ction C. Computation of Publ						
14	Public support percentage for 2012 (line 6, column (f) o	divided by line 11,	column (f))		14	
	Public support percentage from 2011					15	<u>%</u>
16a	33 1/3% support test - 2012. If the o	•		•	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2011. If the c	_			d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		• • •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					τ IV now the organ	ization
	meets the "facts-and-circumstances"	=				17	100/
b	10% -facts-and-circumstances tes		_				
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the						
40	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						
<u>18</u>	rivate toundation. If the organization	on ala not check a	Dox on line 13, 16	ba, 160, 1/a, or <u>17</u>			
					Sche	dule A (Form 990	UT 99U-EZ) 2U 12

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

C -	qualify under the tests listed b	elow, please com	plete Part II.)		·		
	ction A. Public Support				· · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		l i				
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					<u> </u>	
	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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	_	<u> </u>		 	<u> </u>	
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		J		<u> </u>	A	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(u) 2000	(5) 2000	(0) 20 10	(4) 2011	(0) 20 12	(,,
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation,
•	check this box and stop here	o o.gamzanon	o., o.oo. a, am	_,, or mare	,	22 - (2)(9) 9.30111	▶
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2012 (I			column (fl)		15	%
	Public support percentage from 2011			JOIGHT (1))		16	
_			_		_	1 10 1	
	ction D. Computation of Inves	_				17	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
							%
19a	33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box a	•	•				
b	b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>
2320	23 12-04-12	·			Sc	hedule A (Form 99	0 or 990-EZ) 2012

16470204 134398 DHTM

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Employer identification number Name of the organization 90-0637806 DOORS OF HOPE TRANSITION MINISTRIES Form 990-EZ, Part I, Line 16, Other Expenses: Amount: Description of Other Expenses: 270. Client Support 392. Office Expense 956. Insurance 306. Supplies 1017. Telephone 250. Other 3191. Total to Form 990-EZ, line 16 Form 990-EZ, Part II, Line 24, Other Assets: Beg. of Year End of Year Description 265. 546. Utility deposits Form 990-EZ, Part II, Line 26, Other Liabilities: Description Beg. of Year End of Year 967. 1256. Payroll taxes 714. 1674. Client escrow funds 1681. 2930. Total to Form 990-EZ, line 26 Form 990-EZ, Part III, Primary Exempt Purpose - To guide homeless families and at-risk families toward self-reliance and stability through a holistic, individualized approach that includes life-skills training, mentoring and supportive housing

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization	DOORS OF HOPE TRANSITION MINISTRIES	90-0637806
The organizati	on did not, during the year, receive any f	unds, directly,
or indirectly,	, to pay premiums on a personal benefit con	ntract.
The organizati	ion, did not, during the year, pay any prem	niums, directly,
or indirectly,	on a personal benefit contract.	
-		
	 	
		