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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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 donor 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.

OMB No 1545-1150

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning **APR 1, 2012** and ending **MAR 31, 2013****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**DOORS OF HOPE HOLDING CORP.**

Number and street (or P.O. box, if mail is not delivered to street address)

**PO BOX 7**

City or town, state or country, and ZIP + 4

**ADELPHIA, NJ 07710****D** Employer identification number**11-2680213****E** Telephone number**732-431-1600****F** Group ExemptionNumber **▶****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) **▶****I** Website: **▶ N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **2** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 104,453.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

|           |  |           |                 |
|-----------|--|-----------|-----------------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received   | <b>1</b>  |                 |
| <b>2</b>  | Program service revenue including government fees and contracts  | <b>2</b>  | <b>104,367.</b> |
| <b>3</b>  | Membership dues and assessments  | <b>3</b>  |                 |
| <b>4</b>  | Investment income  | <b>4</b>  | <b>86.</b>      |
| <b>5a</b> | Gross amount from sale of assets other than inventory  | <b>5a</b> |                 |
| <b>5b</b> | Less: cost or other basis and sales expenses   | <b>5b</b> |                 |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | <b>5c</b> |                 |
| <b>6</b>  | Gaming and fundraising events  |           |                 |
| <b>a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | <b>6a</b> |                 |
| <b>b</b>  | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |                 |
| <b>c</b>  | Less: direct expenses from gaming and fundraising events   | <b>6c</b> |                 |
| <b>d</b>  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b> |                 |
| <b>7a</b> | Gross sales of inventory, less returns and allowances  | <b>7a</b> |                 |
| <b>b</b>  | Less: cost of goods sold   | <b>7b</b> |                 |
| <b>c</b>  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b> |                 |
| <b>8</b>  | Other revenue (describe in Schedule O)   | <b>8</b>  |                 |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 <b>▶</b>   | <b>9</b>  | <b>104,453.</b> |
| <b>10</b> | Grants and similar amounts paid (list in Schedule O)   | <b>10</b> | <b>25,900.</b>  |
| <b>11</b> | Benefits paid to or for members  | <b>11</b> |                 |
| <b>12</b> | Salaries, other compensation, and employee benefits  | <b>12</b> |                 |
| <b>13</b> | Professional fees and other payments to independent contractors  | <b>13</b> | <b>1,250.</b>   |
| <b>14</b> | Occupancy, rent, utilities, and maintenance  | <b>14</b> | <b>16,834.</b>  |
| <b>15</b> | Printing, publications, postage, and shipping  | <b>15</b> |                 |
| <b>16</b> | Other expenses (describe in Schedule O)  | <b>16</b> | <b>667.</b>     |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16 <b>▶</b>  | <b>17</b> | <b>44,651.</b>  |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | <b>59,802.</b>  |
| <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   | <b>19</b> | <b>182,382.</b> |
| <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O)   | <b>20</b> | <b>0.</b>       |
| <b>21</b> | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 <b>▶</b>  | <b>21</b> | <b>242,184.</b> |

**LHA** For Paperwork Reduction Act Notice, see the separate instructionsForm **990-EZ** (2012)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

|  | Yes | No  |
|--|-----|-----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O   |     | X   |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  |     | X   |
| 35a 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, 6a, and 7a, among others)?   |     | X   |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | N/A |     |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   |     | X   |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   |     | X   |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions   | 37a | 0.  |
| b Did the organization file Form 1120-POL for this year?   |     | X   |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |     | X   |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved   | 38b | N/A |
| 39 Section 501(c)(7) organizations. Enter:   |     |     |
| a Initiation fees and capital contributions included on line 9   | 39a | N/A |
| b Gross receipts, included on line 9, for public use of club facilities  | 39b | N/A |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>   |     |     |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b | N/A |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | N/A |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |     | N/A |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e | X   |
| 41 List the states with which a copy of this return is filed   |     | NY  |
| 42a The organization's books are in care of <u>ORGANIZATION</u> Telephone no. <u>732-431-1600</u><br>Located at <u>PO BOX 7, ADELPHIA, NJ</u> ZIP + 4 <u>07710</u>   |     |     |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u> | 42b | X   |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <u></u>  | 42c | X   |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year   | 43  | N/A |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a | X   |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b | X   |
| c Did the organization receive any payments for indoor tanning services during the year?   | 44c | X   |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 44d |     |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a | X   |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   | 45b |     |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

|    | Yes | No |
|----|-----|----|
| 47 |     |    |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

|    |  |  |
|----|--|--|
| 48 |  |  |
|----|--|--|

49a Did the organization make any transfers to an exempt non-charitable related organization?

|     |  |  |
|-----|--|--|
| 49a |  |  |
|-----|--|--|

b If "Yes," was the related organization a section 527 organization?

|     |  |  |
|-----|--|--|
| 49b |  |  |
|-----|--|--|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| N/A  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |

f Total number of other employees paid over \$100,000



51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

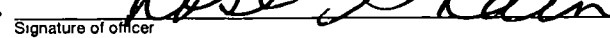


52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  Date 11/12/13  
 Signature of officer  
**TREASURER**  
 Type or print name and title

|                               |   |                               |          |   |           |
|-------------------------------|---|-------------------------------|----------|---|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                      | Preparer's signature          | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | YACOV OELBAUM   | YACOV OELBAUM                 | 10/10/13 |   | P00174068 |
|                               | Firm's name <b>HIRSCH OELBAUM BRAM HANOVER &amp; LISKER CP</b>  | Firm's EIN <b>13-3641196</b>  |          |   |           |
|                               | Firm's address <b>111 BROADWAY SUITE 704 NEW YORK, NY 10006</b> | Phone no. <b>212-227-8034</b> |          |   |           |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2012)

**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.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

DOORS OF HOPE HOLDING CORP.

Employer identification number

11-2680213

**Form 990-EZ, Part I, Line 4, Other Investment Income:**

| Description of Property:                     | Amount:    |
|--|------------|
| JP MORGAN CHASE                              | 21.        |
| HSBC INT ON TAX ESCROW                       | 65.        |
| <b>Total Included on Form 990-EZ, line 4</b> | <b>86.</b> |

**Form 990-EZ, Part I, Line 10, Grants and Allocations:**

**Activity Classification:** CHARITABLE GRANTS

**Grantee Name:** NSHEI AHAVAS CHESED

**Grantee Relationship:** NONE

**Amount Given:** 17,500.

**Activity Classification:** CHARITABLE GRANTS

**Grantee Relationship:** NONE

**Amount Given:** 7,500.

**Activity Classification:** CHARITABLE GRANTS

**Grantee Name:** CONG AHAVAS CHESED

**Grantee Relationship:** NONE

**Amount Given:** 900.

**Total included on Form 990-EZ, line 10** 25,900.

**Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:**

| Description of Expenses: | Amount: |
|--------------------------|---------|
|--------------------------|---------|

|              |        |
|--------------|--------|
| Depreciation | 2,358. |
|--------------|--------|

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

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

232211  
01-04-13

**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.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

DOORS OF HOPE HOLDING CORP.

Employer identification number  
11-2680213

Other Expenses 14,476.

Total to Form 990-EZ, line 14 16,834.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses: Amount:

REPAIRS 667.

Form 990-EZ, Part II, Line 24, Other Assets:

Description Beg. of Year End of Year

Other Depreciable Assets 11,963. 11,405.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description Beg. of Year End of Year

MORTGAGE PAYABLE 38,253. 28,644.

Form 990-EZ, Part III, Primary Exempt Purpose - AN ORGANIZATION THAT WAS  
CREATED TO HOLD TITLE FOR A 501(C)3 ORGANIZATION

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

THE ORGANIZATION HOLDS TITLE TO TWO BUILDINGS FOR THE  
BENEFIT OF WOMENS LEAGUE FOR COMMUNITY RESIDENCES INC. (A  
501 (C)3 ORGANIZATION). GRANTS ARE GIVEN TO VARIOUS PUBLIC  
CHARITIES AND TO INDIGENTS.

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

The organization did not, during the year, receive any funds, directly,

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

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

232211  
01-04-13

**SCHEDULE Q**  
**(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.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

DOORS OF HOPE HOLDING CORP.

Employer identification number

11-2680213

or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,  
or indirectly, on a personal benefit contract.



Form **4562**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Depreciation and Amortization 990-EZ**  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2012**Attachment  
Sequence No **179**

Business or activity to which this form relates

Identifying number

**DOORS OF HOPE HOLDING CORP.****Form 990-EZ Page 1****11-2680213****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000.         |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation   | 3                            | 2,000,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5   | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12   | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

|    |   |    |        |
|----|---|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012  | 17 | 2,238. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |        |

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      | 900.   | 10 Yrs.             | HY             | SL         | 120.                       |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27 5 yrs            | MM             | S/L        |                            |
|                                | /                                    |  | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

|                |   |  |        |     |     |
|----------------|---|--|--------|-----|-----|
| 20a Class life |   |  |        | S/L |     |
| b 12-year      |   |  | 12 yrs | S/L |     |
| c 40-year      | / |  | 40 yrs | MM  | S/L |

**Part IV Summary (See instructions)**

|    |   |    |        |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28  | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr | 22 | 2,358. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |        |

**Part V****Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a)<br>Type of property<br>(list vehicles first) | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use

|  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |

**27** Property used 50% or less in a qualified business use.

|  |  |   |  |  |     |  |  |  |
|--|--|---|--|--|-----|--|--|--|
|  |  | % |  |  | S/L |  |  |  |
|  |  | % |  |  | S/L |  |  |  |
|  |  | % |  |  | S/L |  |  |  |

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|   | (a)<br>Vehicle | (b)<br>Vehicle | (c)<br>Vehicle | (d)<br>Vehicle | (e)<br>Vehicle | (f)<br>Vehicle |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| <b>30</b> Total business/investment miles driven during the year (do not include commuting miles) |                |                |                |                |                |                |
| <b>31</b> Total commuting miles driven during the year  |                |                |                |                |                |                |
| <b>32</b> Total other personal (noncommuting) miles driven  |                |                |                |                |                |                |
| <b>33</b> Total miles driven during the year.<br>Add lines 30 through 32                          |                |                |                |                |                |                |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                       | Yes No         | Yes No         | Yes No         | Yes No         | Yes No         | Yes No         |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?               |                |                |                |                |                |                |
| <b>36</b> Is another vehicle available for personal use?  |                |                |                |                |                |                |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

|   |     |    |
|---|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?   | Yes | No |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?  |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?   |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

| (a)<br>Description of costs | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
|-----------------------------|------------------------------------|------------------------------|------------------------|---|--------------------------------------|

**42** Amortization of costs that begins during your 2012 tax year

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**43** Amortization of costs that began before your 2012 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|   |   |  |
|---|---|--|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions<br><b>DOORS OF HOPE HOLDING CORP.</b>                    | Employer identification number (EIN) or<br><b>11-2680213</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>PO BOX 7</b>                              | Social security number (SSN)                                 |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ADELPHIA, NJ 07710</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                   | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

### ORGANIZATION

- The books are in the care of ► **PO BOX 7 - ADELPHIA, NJ 07710**  
Telephone No ► **732-431-1600** FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **November 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **APR 1, 2012**, and ending **MAR 31, 2013**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return  
☐ Change in accounting period

|  |    |    |    |
|--|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                   | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.            | 3c | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)