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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

| <u>A</u> | ror : | me z | 013 Calendar year, or tax year beginning APR 1, 2013 and | enung | MAR 31, 2014 | |
|----------------------------|-------------------|---------------|---|-------------|----------------------------|----------------------------------|
| В | Check applic | ıf able | C Name of organization | | D Employer identifi | cation number |
| | Ad | dress inge | DOORS OF HOPE HOLDING CORP. | | | |
| | Na | me inge | Doing Business As | | 11-2 | 680213 |
| F | init reti | ıal | Number and street (or P.O. box if mail is not delivered to street address) | Room/sur | te E Telephone numbe | er |
| F | Ter | mın- | PO BOX 7 | | | 431-1600 |
| F | ate Am reti | ended | City or town, state or province, country, and ZIP or foreign postal code | • | G Gross receipts \$ | 1,072,263. |
| F | Ap | plica- | ADELPHIA, NJ 07710 | | H(a) Is this a group r | |
| _ | tior per | nding | F Name and address of principal officer ROSE SHAIN | | for subordinates | |
| | | | same as C above | | H(b) Are all subordinates | |
| _ | Tay | | pt status \square 501(c)(3) \square 501(c) (2) \triangleleft (insert no.) \square 4947(a)(1) | or 52 | - | list (see instructions) |
| | | | ► N/A | <u> </u> | H(c) Group exemption | |
| | | | ganization: X Corporation Trust Association Other | I Vo | | M State of legal domicile NY |
| | art | | ummary | L 16 | ar or rormation. 1970 [1 | VI State of legal doffliche 14 1 |
| ن نا | 1 | | efly describe the organization's mission or most significant activities. AND | PCANT | יים איים ואיים לי | WAS CREATED |
| Activities & Governance | ' ' | m/ | O HOLD TITLE FOR A 501(C)3 ORGANIZATION | ZUZIVIZ | DATION THAT | WAD CHEATED |
| lan | | 7/ | eck this box I if the organization discontinued its operations or dispo | 200 | than 25% of to not o | nooto |
| e. | 2 | | | | | |
| ģ | 3 | | | 014 0 | $\frac{3}{4}$ | 5 2 |
| 95 | 4 | Nu — | imber of independent voting members of the governing body (Part VI, line 1b) | 0 | ⇒ | 0 |
| ties | 5 | 10 | tal number of individuals employed in calendar year 2013 (Part Vine 2a) (tal number of volunteers (estimate if necessary) | | 5 | 0 |
| ΞŽ | 6 | | | | | |
| Ac | 7 | | tal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ | + | b Ne | t unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | _ | | - | Prior Year 0 • | Current Year |
| e | 8 | | ontributions and grants (Part VIII, line 1h) | <u> </u> | | 0. |
| Revenue | 9 | | ogram service revenue (Part VIII, line 2g) | - | 104,367. | |
| ě | | | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | - | 86. | 957,630. |
| | 11 | | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | F | 0. | |
| | 12 | | tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 104,453. | 1,026,341. |
| | 13 | | ants and similar amounts paid (Part IX, column (A), lines 1-3) | - | 25,900. | 18,400. |
| | 14 | | nefits paid to or for members (Part IX, column (A), line 4) | - | 0. | 0. |
| es | 15 | | laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | - | 0. | 0. |
| Expenses | 16 | | ofessional fundraising fees (Part IX, column (A), line 11e) | <u>,</u> | 0. | 0. |
| X | • | | tal fundraising expenses (Part IX, column (D), line 25) | 0. | 10 751 | 2 070 |
| | 17 | | her expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | - | 18,751. | |
| 3 | 18 | | tal expenses Add lines 13 17 (must equal Part IX, column (A), line 25) | | 44,651. | |
| <u> </u> | 19 | Re | evenue less expenses Subtract line 18 from line 12 | | 59,802. | |
| 300 | 2 | | | - | Beginning of Current Year | End of Year |
| SSE | 일 20 | | tal assets (Part X, line 16) | - | 270,828. | |
| Net Assets or End Ralances | 21 | | tal liabilities (Part X, line 26) | - | 28,644. | |
| | 22 | | et assets or fund balances Subtract line 21 from line 20 | | 242,184. | 1,246,147. |
| √— | art | | Signature Block | 04040 | mente and to the best of p | av knowledge and helief it is |
| 11 | | | is of perjury, I declare that I have examined this return, including accompanying scheduli | | | iy knowledge and beller, it is |
| tru | e, cor | rect, a | and complete, Dectaration of preparer (other than other) is based on all information of w | vnich prepa | rer has any knowledge, | 1-22/11 |
| 3 | | | Signature of officer | | Date / | 1 = > 1 - 17 |
| Şiç | | | • | | 20.0 | / |
| Æ le | re | | ROSE SHAIN, TREASURER Type or print name and title | | | |
| | | | | | Date Check | PTIN |
| D-1 | | - 1 | rint/Type preparer's name Preparer's signature | | l life ' | |
| Pai | | | ACOV OELBAUM YACOV OELBAUM | TOWNE | 06/10/14 self-emplo | 13-3641196 |
| | pare | _ | rm's name HIRSCH OELBAUM BRAM HANOVER & L | TOVER | CPA Firm's EIN | 13-3041130 |
| US | e Onl | y Fi | rm's address 111 BROADWAY SUITE 704 | | Dhone no 21 | .2-227-8034 |
| _ | | | NEW YORK, NY 10006 | | | |
| | | | discuss this return with the preparer shown above? (see instructions) | | | Yes No Form 990 (2013) |
| 332 | 001 1 | 0-29-1 | 3 LHA For Paperwork Reduction Act Notice, see the separate instruct | ions. | | (2013) |

| Part | IV | Checklist of Required Schedule | es |
|------|----|--------------------------------|----|
|------|----|--------------------------------|----|

| | | | 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_ | | X |
| 2 | is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | _X |
| 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 | | X |
| 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 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | 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, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | _X_ |
| 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u>x</u> _ |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X_ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | ŀ |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 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? | | | ļ |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | <u> </u> | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | 1 |
| | 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 | <u> </u> | 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 | 17 | L | 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 | <u> </u> | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 1 |
| | complete Schedule G, Part III | 19 | <u> </u> | X |
| 2 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a_ | L | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | <u> </u> | |
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| | | | Yes | No |
|------------|---|-----|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II | 21 | _X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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 | i | | |
| | 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 | | | |
| | Schedule K If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| đ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) 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 | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | ٠,, |
| | director, trustee, or direct or indirect owner? 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? | 24 | | Х |
| 20 | If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 20 | l | X |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | - | |
| 5 4 | Part V, line 1 | 34 | | Х |
| 352 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | _ | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| ~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | i |
| | 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 | | - | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | <u> </u> |
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | 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 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent 1b 2 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other |] | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| - | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in 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 | | _ <u>X</u> _ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | } | | |
| | 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 | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | <u>X</u> |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13_ | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | - | <u>X</u> |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | <u>X</u> |
| þ | Other officers or key employees of the organization | 15b | | <u> X</u> |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| юа | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | v |
| | taxable entity during the year? | 16a | - | X |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 401 | | |
| | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | |
| | | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed NY Section 5104 requires an expansion to make its Forms 1033 (or 1034 if applicable), 990, and 990 T (Section 501(c)/3)s only). | availab | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection, indicate how you made these available. Check all that apply | avalidD | 16 | |
| | for public inspection Indicate how you made these available. Check all that apply Own website X Another's website Upon request X Other (explain in Schedule O) | | | |
| 10 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finan | cial | |
| 19 | | u miar | iciai | |
| 20 | statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion 🕨 | • | |
| 20 | ORGANIZATION - 732-431-1600 | | | |
| | PO BOX 7, ADELPHIA, NJ 07710 | | | |
| | TO DOW 11 UDDITETED NO OTITO | Form | 000 | (2012) |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

| X Check this box if neither the organization n | or any related | orga | anıza | ation | CO | npe | nsat | ed any current officer, of | director, or trustee | |
|--|------------------------|--------------------------------|-----------------------|--------------|----------|------------------------------|----------|----------------------------|----------------------|-----------------------------|
| (A) | (B) | | | _ ((| C) | | | (D) | (E) | (F) |
| Name and Title | Average | (do | not n | Pos | nore | than | one | Reportable | Reportable | Estimated |
| | hours per | ьох | , unle | ss pe | rson | is bot | h an | compensation | compensation | amount of |
| | week | - | cer an | ic a c | irecto | or/trus | tee) | from | from related | other |
| | (list any | iec co | | | | | | the | organizations | compensation |
| | hours for | 9 | 8 | | | E E | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | trust | | 8 | | | (W-2/1099-MISC) | | organization and related |
| | organizations below | ual tr | lonal | | ploy | 25 5 | | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | ey en | Highest compensated employee | e e | | | organizations |
| (1) ESTA GOLDMAN | 1.00 | _ | <u> </u> | | Ī | | | | - | |
| PRESIDENT/SECRETARY | | <u> </u> | | | | | | 0. | 0. | 0. |
| (2) ROSE SHAIN | 1.00 | | | | | | | | | |
| TREASURER | | | | | | ļ | | 0. | 0. | 0. |
| (3) BERNARD J LAX | 1.00 | | | | | | | | | |
| DIRECTOR | | _ | <u> </u> | | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (4) MORRIS BECKER | 1.00 | | | 1 | | | | | | _ |
| DIRECTOR | 1 00 | - | <u> </u> | | _ | <u> </u> | | 0. | 0. | 0. |
| (5) REBECCA WEISS | 1.00 | | | | | | | | | • |
| DIRECTOR | | | | <u> </u> | ļ | | | 0. | 0. | 0. |
| | | - | : | | | | | | | |
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Form 990 (2013)

| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
|----------|--|---------------------|--------------------------------|--|-------------|--------------|------------------------------|-------------|---------------------------------|--------------------|-----------|---------|-------------------|----------|
| | (A) | (B) | | | | 2) | | | (D) | (E) | İ | | (F) | |
| | Name and title | Average | (do | | Pos heck | | than | one | Reportable | Reportable | | | tımate | _ |
| | | hours per | box | , unte | ss pe | rson | ıs bot | h an | compensation | compensatio | | | ount (| of |
| | | week | ┝ | г – | laad | recto | or/trus | 100) | from | from related | | | other | |
| | | (list any hours for | recto | | | | ļ | | the | organization | | | oensa | |
| | | related | 50 | 噩 | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MIS |) | | om the anızatı | |
| | | organizations | Individual trustee or director | Institutional trustee | | g | nade | | (44-27 1033-141100) | | | _ | i relate | |
| | | below | l ii | ato at | | l ge | stco | = | | | | | nızatı | |
| | | line) | Indiv | Instit | Officer | Key employee | Highest compensated employee | 퉏 | | | | • | | |
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| | | 1 | | <u> </u> | L | L | | Ļ | | | | | | |
| | Sub-total | | | | | | | | 0. | | <u>0.</u> | | | 0. |
| С | Total from continuation sheets to Part V | II, Section A | | | | | | > | 0. | | 0. | | | 0. |
| <u>d</u> | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but r | not limited to th | nose | liste | ed a | bov | e) wl | ho r | eceived more than \$100 | ,000 of reportab | le | | | _ |
| | compensation from the organization | | | | | | | | | | | | 1 | 0 |
| | | | | | | | | | | | ı | | Yes | No |
| 3 | Did the organization list any former officer | | | e, ke | ey er | npic | oyee | , or | highest compensated e | mployee on | | | | |
| | line 1a? If "Yes," complete Schedule J for | | | | | | | | | | | 3 | | <u>X</u> |
| 4 | For any individual listed on line 1a, is the s | | | | | | | | | the organization | | | | |
| | and related organizations greater than \$15 | 0,000? If "Yes, | , ° cc | mpl | ete : | Sch | edul | e J | for such individual | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or | accrue compe | nsat | tion | from | any | y uni | relat | ted organization or indiv | idual for services | | | | |
| | rendered to the organization? If "Yes, " con | nplete Schedui | le J | for s | uch | per | son | | | | | 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | | | | | | | | | | npens | ation f | rom | |
| | the organization Report compensation for | the calendar y | /ear | end | ing v | vith | or w | /thi | n the organization's tax | year | | | | |
| | (A) | | | | | | | l | (B) | l | _ | (C | | |
| | Name and business | s address | N | ON: | E | | | | Description of s | services | C | ompe | nsatio | n |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | (including but r | not I | ımıte | ed to | thr | se li | ster | d above) who received n | nore than | | | | |
| - | \$100,000 of compensation from the organ | | | | | | 0 | | | | | | | |
| | | | | | | | 7 | - | | | | Form | 990 (| 2013) |

332008

FOIII 990 (2013

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 79. 79. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ii) Personal (i) Real 82,184. 6 a Gross rents 13,473. **b** Less rental expenses 68,711. c Rental income or (loss) 68,711. 68,711 d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 990,000. assets other than inventory b Less cost or other basis 32,449 and sales expenses 957,551 c Gain or (loss) 957,551 957,551. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 68,790 026,341. 957,551 Total revenue See instructions. 12 332009 10-29-13 Form 990 (2013)

Porm 990 (2013) DOORS OF HOPE HOLDING CORP.

Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must com | | | omplete column (A). | |
|-----------------|--|----------------------------|-----------------------------|---------------------------------|--|
| | Check if Schedule O contains a respor | nse or note to any line in | this Part IX (B) | (C) | <u></u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 18,400. | 18,400. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | · | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 4 500 | | 4 = 0.0 | |
| С | Accounting | 1,500. | | 1,500. | |
| d | 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, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | 1 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest Payments to offiliates | | | | |
| 21 | Payments to affiliates | 2,418. | | | |
| 22 | Depreciation, depletion, and amortization Insurance | ۵,410. | | <u>-</u> . | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | |
| 24 | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| 9 | STATE FILING FEE | 60. | | 60. | |
| b | | | | 00. | |
| C | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 22,378. | 18,400. | 1,560. | 0. |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | 22,310. | 10,400. | 1,300. | |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | - P | | | | |

Form 990 (2013)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 359,055. 229,823. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,348,945 basis. Complete Part VI of Schedule D 10a 41,005. 1,237,092. 111,853. 10c 10b b Less accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 270,828 1,596,147 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 350,000. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 28,644 25 Schedule D 28,644. 26 350,000. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X

and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,246,147. 242,184. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 242,184. 33 1,246,147. Total net assets or fund balances 33 270,828. 34 1,596,147. Total liabilities and net assets/fund balances Form 990 (2013)

101111000 (2010)

| | 990 (2013) DOORS OF HOPE HOLDING CORP. | <u> 11-268</u> | <u> 30213</u> | Pa | ge 12 |
|----|---|----------------|---------------|------------|------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | _1 | 1,02 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u>78.</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 1,00 | <u>3,9</u> | <u>63.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24 | 2,1 | 84. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 1,24 | 6,1 | <u>47.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | l | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | |
| 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 | | | | |
| | 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. | | l i | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | i | |
| С | 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 in Sche | dule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audıt | 1 | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

332012 10-29-13 Form **990** (2013)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HODE HOLDING CODD

Employer identification number 11-2600213

| Pai | t I Organizations Maintaining Donor Advise | | s or Accounts. Complete if the |
|-----|--|---|--|
| | organization answered "Yes" to Form 990, Part IV, line | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | , , | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | • | writing that the access held in donor advi | and funds |
| 5 | Did the organization inform all donors and donor advisors in variable organization's property subject to the organization's | - | Yes No |
| | 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 | or donor advisor, or for any other purpose | |
| Pai | impermissible private benefit? | | Yes No |
| | | | Part IV, line / |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or e | · — | storically important land area |
| | Protection of natural habitat | Preservation of a cer | tified 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 a conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic stre | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired a | after 8/17/06, and not on a historic struct | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminated by th | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation eas | sement is located | |
| 5 | Does the organization have a written policy regarding the per | nodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements if | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements of | during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| | 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 expensi | |
| | include, if applicable, the text of the footnote to the organizat | | |
| | conservation easements | | 3 |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or C | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | • | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue state | ment and balance sheet works of art. |
| | historical treasures, or other similar assets held for public ext | • | |
| | the text of the footnote to its financial statements that descri | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| h | If the organization elected, as permitted under SFAS 116 (AS | | t and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | | |
| | | adcation, of research in furtherance of po | iblic service, provide the following amounts |
| | relating to these items (i) Pevenues included in Form 990, Port VIII, line 1 | | * \$ |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| _ | (iii) Assets included in Form 990, Part X | an ather continues as the first | |
| 2 | If the organization received or held works of art, historical treations of all surpressions and are of the company of the comp | · | ai gairi, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | . . |
| | Revenues included in 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. 332051 09-25-13

Schedule D (Form 990) 2013

| | | F HOPE HOLD | | | | | | 1-26 | | | age 2 |
|----------|---|---------------------------------|-------------------|---------------|---------------------|---------------|---------------------|------------------------|-------------------|-------------------|--------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Hist | orical Tr | easures, c | or Other | <u>Simila</u> | r Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other records, | , check | any of the | following tha | it are a sign | ııfıcant u | se of its | collection | ı item | s |
| | (check all that apply) | | | | | | | | | | |
| a | Public exhibition | ď | | | hange progra | | | | | | |
| Ь | Scholarly research | е | | Other | | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Parl | XIII | | |
| 5 | During the year, did the organization solicit o | | | | | er sımılar as | ssets | _ | 7 | | ٦. |
| <u> </u> | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | - | e if the | organizatio | n answered ' | "Yes" to Fo | rm 990, | Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | -1 -1 -1 | | | | |
| ıa | Is the organization an agent, trustee, custodi | an or other intermedia | ary for | contribution | is or other as | sets not in | ciuaea | | ٦., | | ٦ |
| | on Form 990, Part X? | | | | | | | | Yes | L | J No |
| ь | If "Yes," explain the arrangement in Part XIII | and complete the folic | wing t | able | | | | | A | | |
| _ | Degraping balance | | | | | | | | Amount | | |
| C | Additions during the year | | | | | | 1c | | | | |
| a | Additions during the year Distributions during the year | | | | | | 1d | | | | |
| 4 | Ending balance | | | | | | 1e | | | | |
| 22 | Did the organization include an amount on Fe | orm 990 Part Y line 2 | 12 | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII | | | n has heen | provided in I | Part XIII | | <u> </u> | 1 163 | _ |] |
| Par | | | | | | | | | | | |
| | | (a) Current year | | rior year | (c) Two year | | Three ve | ars back | (e) Four | vears | back |
| 1a | Beginning of year balance | Naj ourrour jour | \ - /- | | 107 - 1.13 7 5 | 1,0, | <u> 55 j.s</u> | | | 700.0 | |
| b | Contributions | | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | _ | | | 1- | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | _ | | | | |
| 9 | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | (line 1 | g, column (a | a)) held as | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | • | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organizati | ion tha | it are held a | ind administe | red for the | organiza | ation | _ | , | |
| | by | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | -∤ | |
| | (ii) related organizations | | | | | | | | 3a(ii) | \longrightarrow | |
| b | If "Yes" to 3a(ii), are the related organizations | * | | | | | | | 3b | 1 | |
| 4 | Describe in Part XIII the intended uses of the | | ment 1 | funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | D-4 N/ | h 11- O | | D-4 V 5- | - 10 | | | | |
| | Complete if the organization answered | | 7 | | | | | | 400 | | |
| | Description of property | (a) Cost or oth basis (investme | | • • | or other (other) | . , | umulated ciation | 3 | (d) Book | value | 3 |
| | Lond | Dasis (HIVESTITE | ,110 | | 8,800. | uepie | CIACION | | 226 | 2 0 | 00. |
| | Land | | | | 5,589. | 1 (| 3,78 | <u>, , </u> | | 1,8 | |
| | Buildings Leasehold improvements | | | 1,03 | 5,509. | | <u>, , , , o</u> | ' ' ' - | 33. | <u> </u> | <u>от•</u> |
| | · | | | | | <u> </u> | | | | | |
| | Equipment Other | | | 7 | 4,556. | | 8,06 | 5 | 66 | 5,4 | 91 |
| | Add a data and day (October (1)) | - 15 200 5 1V | | | = 1 2 2 0 0 0 | | 0,00 | $\overline{}$ | | 7 0 | |

Schedule D (Form 990) 2013

| | Complete if the organization answered "Yes" | | | | and of year market value |
|---|---|---|--------------------|---------------------|--------------------------|
| | tion of security or category (including name of security) | (b) Book value | (c) Method of | valuation Cost or | end-of-year market value |
| | al derivatives | | - | | |
| - | held equity interests | | | | |
| Other | | | | | |
| (A) | | | - | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| <u>(E)</u> | | | | | |
| <u>(F)</u> | | | | | <u></u> |
| (G) | | | | · | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | · | <u> </u> | | |
| art VIII | Investments - Program Related. | | | | |
| | Complete if the organization answered "Yes" | | | | |
| | (a) Description of investment | (b) Book value | (c) Method of | valuation Cost or o | end-of-year market valu |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | · | | | |
| | | | | | |
| tai (Col. (| b) must equal Form 990, Part X, col. (B) line 13) 🕨 | | - | | |
| Part IX | b) must equal Form 990, Part X, col. (B) line 13) Other Assets. | | | | |
| | | to Form 990, Part IV, line | 11d See Form 990 |), Part X, line 15 | |
| | Other Assets. Complete if the organization answered "Yes" | to Form 990, Part IV, line Description | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| art IX | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) (5) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered "Yes" | | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" (a) | Description | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" (a) (| Description | 11d See Form 990 |), Part X, line 15 | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" (a) | Description | | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnat X | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnart X | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (2art X (2) (2) (3) | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (11) Fec (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fee (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" (a) | Description = 15.) to Form 990, Part IV, line | 11e or 11f See For | | > |

332053 09-25-13

Schedule D (Form 990) 2013

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Open to Public OMB No 1545-0047

| Name of the organization | | du OO Oter | | | | | Employer identification number |
|--|--|---|--------------------------|-----------------------------------|---|--|------------------------------------|
| Part General Information on Grants and Assistance | ноги попи | TING CORE. | | | | | |
| - S | to substantiate th | e amount of the grants | s or assistance, the | grantees' eligibilit | y for the grants or as | sistance, and the selec | |
| | stance? | • | : | Č | | | X Yes No |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | ocedures for mon | toring the use of grant | t funds in the United | omplete if the ord | " perawore dollarida | Vec to Form 990 Par | IV line 21 for any |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | Governments an \$5,000. Part II car | d Organizations in un be duplicated if addit | le United States. Co | ded jet in the organism | al lization arisweled | 200, 101, 201, 201 | (a) (a) (b) (a) |
| 1 (a) Name and address of organization or government | (b) E!N | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | 501(2)(3) | ر م | c | XOC | | GENERAL SUPPORT OF ORGANIZATION |
| Nonel Anavas Cheseld | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | and government o | rganizations listed in t | he line 1 table | | | | ₽ |
| 3 Enter total number of other organizations listed in the line 1 table 1 HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | s listed in the line | tions for Form 990. | | | | | Schedule I (Form 990) (2013) |

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

Page 2 : Schedule I (Form 990) (2013) (f) Description of non-cash assistance 11-2680213 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 18 (c) Amount of cash grant DOORS OF HOPE HOLDING CORP. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) 332102 10-29-13 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 11-2680213

| DOORS OF HOPE HOLDING CORP. | 11-2680213 |
|---|-------------------|
| Form 990, Part VI, Section B, line 11: | |
| Explanation: AFTER THE PREPARATION OF THE TAX RETURN IT I | |
| THE RELEVENT ADMINISTRATIVE PERSONNEL AND GOVERNING BODIE | S.A REVIEW OF THE |
| DRAFTED RETURN IS PERFORMED ALONG WITH A REVIEW OF PRIOR | RETURNS AND |
| AUDITED FINANCIAL STATEMENTS. ANY ADJUSTMENTS OR CORRECTION | ONS ARE THEN THEN |
| MADE PRIOR TO FINAL REVIEW AND APPROVAL. | |
| Form 990, Part VI, Section C, Line 19: | |
| Explanation: THESE ARE AVAILABLE ON GUIDESTAR AND UPON R | EQUEST |
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