

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

2014

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Containing Manages changes   Containing Manages changes   Containing Manages changes   Containing Manages changes   Containing Manages   Containing Manag	A	For the	2014 calendar year, or tax year beginning and ending		•
Number canage   Number canage   Number and street (or Pt.0. box, if mail as not delivered to street address)   Room/surface   Providerancy   Number and street (or Pt.0. box, if mail as not delivered to street address)   Room/surface   Providerancy   Number and street (or Pt.0. box, if mail as not delivered to street address)   Room/surface   Providerancy   Number   Providerancy   Number   Providerancy   Number   Providerancy   Number   Providerancy   Number   Providerancy   Number	В	Check if		D Employer	identification number
DOORS OF HOPE TRANSITION MINISTRIES   90 - 0.637866	Г	$\neg$			
Section   Sec	Ē	_	DOODE OF HODE MEANCEMENT ON MINICIPATED	90-0	637806
		Initial		E Telephone	number
Santicident seeded   OXFORD   MS   38655   Number   Microsection   According Method:   IX   Cash   According Method:   IX   IX   According Method:   IX   IX   IX   According Method:   IX   IX   According Method:   IX   IX   IX   IX   IX   IX   IX   I		Final	return/ 924 VAN BUREN AVENUE	662-	234-1100
Recounting Method:   X   Cash		Amer	City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	mption
Website:		Applica	ation pending OXFORD, MS 38655	Number 🕽	>
Tax-exempt status (check only one)				H Check 🕨	· if the organization is
Reform of organization:   Corporation   Trust   Association   Other				not require	ed to attach Schedule B
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, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E7    Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule 0 to respond to any question in this Part	J	Tax-ex		(Form 990	, 990-EZ, or 990-PF).
Column (8) below) are \$500,000 or more, file Form 990 etc.   S 93853.	K	Form o	f organization: X Corporation Trust Association Other		
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  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Garnts and similar amounts pad (list in Schedule O) 10 Grants and similar amounts pad (list in Schedule O) 11 Seafares, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets		column	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership duces and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if the sum of such gross income rom dundraising events (not including \$ 5000. of contributions from fundraising events (not including \$ 5000. of contributions from fundraising events (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events b Less: cost of goods sold c Gross sprofit or (loss) from sale of assets of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sale of inventory (Subtract line 7b from line 7a)  10 Grants and similar amounts pad (list in Schedule O) 11 Benefits pad to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Coupany, rent, ultitles, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 97, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 31249. 20 Other changes in net assets or fund balances (explain in Schedule O)	Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions for Pa	·
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 5000. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Outher changes in net assets or fund balances (explain in Schedule 0)			Check if the organization used Schedule O to respond to any question in this Part I		
Section   Sect		1	Contributions, gifts, grants, and similar amounts received	1	68742.
4 Investment income 5a Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions gross income and contributions exceeds \$15,000) b Gross income and contributions exceeds \$15,000 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions from fundraising events (not including \$ 50.00 . of contributions for fund fundraising events (not including \$ 50.00 . of contributions for fund fundraising events (not including \$ 50.00 . of contributions for fund fundraising events (not including \$ 50.00 . of contributions fund fundraising events (not including \$ 50.00 . of contributions fund fundraising events (not including \$ 50.00 . of contributions fund fundraising events (not including \$ 50.00 . of contributions fund fundraising events (not including \$ 50.00 . of contributions fund fundraising events (not including \$ 50.00 . of contributions fund fundraising events (not including \$ 50.00 . of contributions fund fundraising events (not including \$ 50.00 . of contributions funds fundraising events (not including \$ 50.00 . of contributions f		2	Program service revenue including government fees and contracts	2	
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 5000 . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 9) 19 Net assets or fund balances at beginning of year (from line 9) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0)		3	Membership dues and assessments	3	
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0)		4	Investment income	4	
C Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 5000 · of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 7 from line 9) 19 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) 19 31249- 20 Other changes in net assets or fund balances (explain in Schedule 0)		5a	Gross amount from sale of assets other than inventory 5a		
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 5000 · of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deflicit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		b	Less: cost or other basis and sales expenses 5b		
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 5000 \cdot of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less; cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 2) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Other changes in net assets or fund balances (explain in Schedule 0)		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
\$15,000)  b Gross income from fundraising events (not including \$ 5000. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 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)  19 31249.  20 Other changes in net assets or fund balances (explain in Schedule 0)		6	Gaming and fundraising events		
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 31249. 20 Other changes in net assets or fund balances (explain in Schedule 0)	Φ	a	Gross income from gaming (attach Schedule G if greater than		
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 31249. 20 Other changes in net assets or fund balances (explain in Schedule 0)	Ĕ				
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 31249. 20 Other changes in net assets or fund balances (explain in Schedule 0)	eve	b	Gross income from fundraising events (not including \$ 5000 • of contributions		
C Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  19 31249.  20 Other changes in net assets or fund balances (explain in Schedule 0)	Œ				
Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   7a   Gross sales of inventory, less returns and allowances					
Ta Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		С	Less: direct expenses from gaming and fundraising events 6c 155	56.	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23555.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0.		7a	Gross sales of inventory, less returns and allowances		
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 31249. 20 Other changes in net assets or fund balances (explain in Schedule O)		b	Less; cost of goods sold		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  21 Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 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)  20 Other changes in net assets or fund balances (explain in Schedule 0)		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-J 7c	
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)  Total expenses in net assets or fund balances (explain in Schedule 0)		8	Other revenue (describe in Schedule 0)	<u></u>	
11   Benefits paid to or for members   DGDEN, 1/T   1/2   29794.	_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 WIAY 월 및 2015	▶ 69	92297.
Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 29794.  22 29794.  23 29794.  24 31271.  25 29794.  26 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  20 31271.  21 31271.  22 29794.  23 31271.  24 31271.  25 31271.  26 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  20 31271.  21 31271.  22 31271.  23 31271.  24 31271.  25 31271.  26 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  20 31271.  21 31271.  22 31271.  23 31271.  24 31271.  25 31271.  26 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  20 31271.  21 31271.  22 31271.  23 31271.  24 31271.  25 31271.  26 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  20 31271.  21 31271.  21 31271.  22 31271.  23 31271.  24 31271.  25 31271.  26 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  21 31271.  21 31271.  21 31271.  22 31271.  23 31271.  24 31271.  25 31271.  26 31271.  27 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  21 31271.  21 31271.  21 31271.  22 31271.  23 31271.  24 31271.  27 31271.  28 31271.  29 31271.  20 31271.  20 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  21 31271.  22 31271.  23 31271.  24 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 31271.  27 3127		10		(10	
Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other		11	Benefits paid to or for members	<u> </u>	
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 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)  20 Other changes in net assets or fund balances (explain in Schedule O)	es	12	Salaries, other compensation, and employee benefits		29794.
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 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)  20 Other changes in net assets or fund balances (explain in Schedule O)  10 Other changes in net assets or fund balances (explain in Schedule O)	Š	13	Professional fees and other payments to independent contractors	-13	
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 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)  20 Other changes in net assets or fund balances (explain in Schedule O)	×pe	14	Occupancy, rent, utilities, and maintenance	14	31271.
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 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)  20 Other changes in net assets or fund balances (explain in Schedule 0)  17 67070.  18 25227.  19 31249.	Ш	15		15	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 18 25227. 22 31249.		16	Other expenses (describe in Schedule O)  See Schedule O	16	
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)  19 31249.  20 Other changes in net assets or fund balances (explain in Schedule O)  20 0.		17	Total expenses. Add lines 10 through 16	<b>▶</b> 17	
19 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)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 56476.	s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25227.
(must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 56476.	set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 20 20 56476.	As		(must agree with end-of-year figure reported on prior year's return)	19	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ě	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	56476.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2014)

432171 12-15-14 913

Pa	Irt II Balance Sheets (see the instructions for Part II)	<del></del>			
	' Check if the organization used Schedule O to resp	ond to any question	on in this Part II		X
			(A) Beginning of year	·	B) End of year
22	Cash, savings, and investments		34903.	22	60392.
23	Land and buildings			23	
24	Other assets (describe in Schedule O) See Schedule O		546.	24	546.
25	Total assets		35449.	25	60938.
26	Total liabilities (describe in Schedule 0) See Schedule O		4200.	26	4462.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	56476.		
Pa	art III   Statement of Program Service Accomplishmen	its (see the instruc	tions for Part III)		Expenses
	Check if the organization used Schedule O to resp	ond to any questi	on in this Part III		ired for section
Wha	t is the organization's primary exempt purpose? See Schedule O				)(3) and 501(c)(4) zations; optional for
	ribe the organization's program service accomplishments for each of its three largest program	ervices, as measured by exper	nses In a clear and concise	others	
	er, describe the services provided, the number of persons benefited, and other relevant inform				
28	Providing life-skills training, men	toring and s	supportive		
	housing for homeless families	<u> </u>		-	
	110002119 100 100001020 10000100			-	
	(Grants \$ ) If this amount includes foreign g	rante check here		_28a	32179.
29	(Grants & ) It this amount includes foreign g	Tarito, Crieck Here		<del></del>	
23		<del>-</del> .		— i I	
		<del></del>		-	
	/Out to the second and the second an			29a	
	(Grants \$ ) If this amount includes foreign g	rants, check here			
30				-	
				-	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>▶</b> L	30a	· · · · · · · · · · · · · · · · · · ·
	Other program services (describe in Schedule O)		. ا	- a	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u>▶</u> [	31a	32179.
32	Total program comics expenses (add lines 28s through 31s)			▶ 32	3/1/9.
Ë	Total program service expenses (add lines 28a through 31a)	malayaaa			
Pa	art IV List of Officers, Directors, Trustees, and Key E				
Pa	check if the organization used Schedule O to response	ond to any questi	on in this Part IV	ee the instructi	ons for Part IV)
Pa	art IV List of Officers, Directors, Trustees, and Key E	oond to any question (b) Average hours	on in this Part IV		ons for Part IV)
Pa	art IV List of Officers, Directors, Trustees, and Key E	ond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health bene contributions employee ben	ons for Part IV)  efits, (e) Estimated to amount of other
Pa	Check If the organization used Schedule O to respond title	oond to any question (b) Average hours	(c) Reportable compensation (Forms	d) Health bene contributions	efits. (e) Estimated amount of other rived
Pa	Check if the organization used Schedule O to respond title  (a) Name and title  erry Williams-Jenkins	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bene contributions employee ben lans, and defe compensatio	ents. (e) Estimated amount of other compensation
Sh Vi	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair	ond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health bene contributions employee ben lans, and defe compensatio	efits. (e) Estimated amount of other rived compensation
Sh Vi Su	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin	(b) Average hours per week devoted to position	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bencontributions employee ben lans, and defecompensation	ons for Part IV)  (e) Estimated amount of other compensation  0 • 0 •
Sh Vi Su Ch	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin air	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bencontributions employee ben lans, and defecompensation	ents. (e) Estimated amount of other compensation
Sh Vi Su Ch	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin	(b) Average hours per week devoted to position  10.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  (e) Estimated amount of other compensation  0 . 0 .
Sh Vi Su Ch Ri Tr	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper easurer	(b) Average hours per week devoted to position	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  (e) Estimated amount of other compensation  0 • 0 •
Sh Vi Su Ch Ri Tr	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper	(b) Average hours per week devoted to position  10.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bent contributions employee ben ellans, and defe compensatio	ons for Part IV)  effits. (e) Estimated amount of other compensation  0 . 0 .  0 . 0 .
Sh Vi Su Ch Ri Tr	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper easurer	(b) Average hours per week devoted to position  10.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bent contributions employee ben ellans, and defe compensatio	ons for Part IV)  (e) Estimated amount of other compensation  0 . 0 .
Sh Vi Su Ch Ri Tr Br	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper easurer ian Simmons	(b) Average hours per week devoted to position  10.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bent contributions employee ben ellans, and defe compensatio	ons for Part IV)  effits. (e) Estimated amount of other compensation  0 . 0 .  0 . 0 .
Sh Vi Su Ch Ri Tr Br	check if the organization used Schedule O to respond title  cerry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper easurer ian Simmons rector n Kelly	(b) Average hours per week devoted to position  10.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health bent contributions employee ben lans, and defe compensatio	ents. to long for Part IV)  (e) Estimated amount of other compensation  0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0
Sh Vi Su Ch Ri Tr Br An Se	check if the organization used Schedule O to respond title  ierry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper easurer ian Simmons rector n Kelly	(b) Average hours per week devoted to position  10.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  0.	d) Health bent contributions employee ben lans, and defe compensatio	ents. to long for Part IV)  (e) Estimated amount of other compensation  0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0
Sh Vi Su Ch Ri Tr Br An	check if the organization used Schedule O to respond title  ierry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper easurer ian Simmons rector n Kelly cretary n Abadie	to any questive (b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	d) Health bent contributions employee ben lans, and defe compensatio	ents. (e) Estimated amount of other compensation  0 . 0 .  0 . 0 .  0 . 0 .
Sh Vi Su Ch Ri Tr Br Di An Di	Check if the organization used Schedule O to respond to the companization used Schedule O to respond to the cerry Williams-Jenkins  ce-Chair  zanne Wilkin  air  chard Cooper  easurer  ian Simmons  rector  n Kelly  cretary  n Abadie  rector	(b) Average hours per week devoted to position  10.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  0.	d) Health bent contributions employee ben lans, and defe compensatio	ents. to to entity of the compensation on the compensation of the
Sh Vi Su Ch Ri Tr Br Di An Di An	Check if the organization used Schedule O to respond title  erry Williams-Jenkins ce-Chair zanne Wilkin air chard Cooper easurer ian Simmons rector n Kelly cretary n Abadie rector drew Grice	to any questive (b) Average hours per week devoted to position  10.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	d) Health bene contributions employee ben lans, and defe compensatio	ents. (e) Estimated amount of other compensation  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .
Sh Vi Su Ch Ri Tr Br Di An Di An	Check if the organization used Schedule O to respond to the companization used Schedule O to respond to the cerry Williams-Jenkins  ce-Chair  zanne Wilkin  air  chard Cooper  easurer  ian Simmons  rector  n Kelly  cretary  n Abadie  rector  drew Grice  rector	to any questive (b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	d) Health bene contributions employee ben lans, and defe compensatio	ents. (e) Estimated amount of other compensation  0 . 0 .  0 . 0 .  0 . 0 .
Sh Vi Su Ch Ri Tr Br Di An Di An Di Ed	Check if the organization used Schedule O to respond to the companization used	to any questive (b) Average hours per week devoted to position  10.00  1.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	d) Health bent contributions employee ben clans, and defe compensation	ons for Part IV)  effits. (e) Estimated amount of other compensation  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .
Sh Vi Su Ch Ri Tr Br Di An Di Ed Di	Check if the organization used Schedule O to respond to the companization used	to any questive (b) Average hours per week devoted to position 10.00 1.00 1.00 1.00 1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	d) Health bent contributions employee ben clans, and defe compensation	ents. to entring the first of t
Sh Vi Su Ch Ri Tr Br Di An Di An Di Gi Gi Gi	Check if the organization used Schedule O to respond to the companization used	10.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  efits. to long fits to long fits. to long fits to long fits. It long fits to long fits to long fits. It long fits to long fits to long fits long fit
Sh Vi Su Ch Ri Tr Br Di An Di An Di Gi Gi Gi Gi	Check if the organization used Schedule O to respond to the companization used	to any questive (b) Average hours per week devoted to position  10.00  1.00  1.00  1.00  1.00  1.00  1.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  effits. (e) Estimated amount of other compensation  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .  0 . 0 .
Sh Vi Su Ch Ri Tr Bri An Di An Di Oi Bri Bri Bri Bri Bri Bri Bri Bri Bri Br	Check if the organization used Schedule O to respond to the companization used	10.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  ents. to to entrope the compensation  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .
Sh Vi Su Ch Ri Tr Bri An Di An Di Oi Bri Bri Bri Bri Bri Bri Bri Bri Bri Br	Check if the organization used Schedule O to respond to the companization used	10.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  efits. to long fits to long fits. to long fits to long fits. It long fits to long fits to long fits. It long fits to long fits to long fits long fit
Sh Vi Su Ch Ri Tr Bri An Di An Di Oi Bri Bri Bri Bri Bri Bri Bri Bri Bri Br	Check if the organization used Schedule O to respond to the companization used	10.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  ents. to to entrope the compensation  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .
Sh Vi Su Ch Ri Tr Bri An Di An Di Oi Bri Bri Bri Bri Bri Bri Bri Bri Bri Br	Check if the organization used Schedule O to respond to the companization used	10.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  ents. to to entrope the compensation  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .
Sh Vi Su Ch Ri Tr Bri An Di An Di Oi Bri Bri Bri Bri Bri Bri Bri Bri Bri Br	Check if the organization used Schedule O to respond to the companization used	10.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	d) Health bent contributions employee ben lans, and defe compensation	ons for Part IV)  ents. to to entrope the compensation  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .  O . O .

Page 3

DOORS OF HOPE TRANSITION MINISTRIES

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X
			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	33		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 0 (see instructions)	34		X
35 a	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)?	35a	/	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α
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	35c		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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		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:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·			
Þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	406		х
_	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
ď	by the organization	,		
۵	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 <b>MS</b>			
	The organization's books are in care of ► E Edwin Aune Telephone no. ► 662-28	1-8	900	
	Located at ▶ 829 North Lamar Blvd, Suite 3, Oxford, MS ZIP+4 ▶ 3			
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country: >			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside of the U S.?	42c		Х
	If "Yes," enter the name of the foreign country:		_	<del></del>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / 3		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	•	
			V	NI.
44-	Did the assessment or residence and decreased funds dissipate the second of "Form 000 must be completed instead of		Yes	NO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			x
	Form 990-EZ	44a		<u> </u>
ס	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	111		х
_	of Form 990-EZ	44b	$\vdash$	X
	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 446, has the organization filed a Form 720 to report these payments? If "No." provide an explanation.	44c	_	┢ᢚ
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44d		İ
AE ~	In Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	<del></del>		<del></del>
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
			90-EZ	(2014

432173 12-15-14

Form	1 990-E	Z (2014)	I	OORS	<u> </u>	HOPE	TRA	NSITION	<u> MINIST</u>	RIES			90-0	5378	06	_ F	Page 4
		4													1	es/	No
46	Did the	e organiza	ation en	gage, dire	ectly or in	ndirectly, in	political	campaign activi	ities on behalf of	or in oppositi	on to candidate	es for pu	ublic office			ı	
	_	, comple													46		<u> </u>
Pa	<u>ırt VI</u>	_				anizatio											
					-				17-49b and 52,		ete the tables	for line	es 50 and	51			
		Chec	k if the	organız	ation us	ed Sched	ule O to	respond to a	ny question in	this Part VI					- 1-	. 1	<u>닏</u>
							_								-	es/	No
47		-							ection in effect d		year? If "Yes," (	complete	e Sch. C, P		47		X
48		-							" complete Sche	Jule E				<b>⊢</b>	48		X
		-		-				arıtable related	organization?					- ⊢	9a		Х
þ		•		-		ction 527 of	_							L	9b		
50				•		•	•		es (other than o	ticers, directo	rs, trustees an	id key er	nployees)	who eac	n recei	ved r	nore
	than \$	100,000		•				e is none, enter	- <u>-                                    </u>		1		1733				
			(a) N	ame and	title of e	ach employ	ee			age hours	(C) Repor		(d) Health contribut	ions to		estim	ated other
							~~~			devoted to sition	W-2/1099-		employee plans, and	deferred		pensa	
	<u> </u>	_				N(	ONE		P0.				compen	sation		p 01101	
									_								
	_		_														
											1						
51	organ	zation. If	there is	none, en	ter "None	e." <b>N</b> C	ONE		dent contractors				,000 of cor				
		a) Name a	iiiu busi	ness add	ress or e	ach indeper	ident coi	Ilractor		(L	b) Type of serv	rice	-+	(6) (0	mpen	Saliui	<del>'</del>
	_								-								
						<u> </u>											
					<del></del>		<del>.</del>		·				<del></del>				
				_													
		-															
_		-							<del></del>								
	Total	number o	f other u	ndanenda	ent contr	actore each	receiving	g over \$100,00	n								
52 52				•				. ,	o nizations must ai	tach a	_						
JŁ		leted Sch		inpicio o	Jiicaalo /	n. Hoto. All	300001	50 1(0)(0) 01 gai	meations mast a	taon a				X	Yes	Г	□ No
Lind				leclare th	at I have	examined t	this retur	n including acc	companying sch	dules and sta	tements and t	to the be	est of my k				
									n all information						o una i	000.	, 11 10
uuc,	COLLEC	t, and co	11.11	A	K	//>	/	cer) is based of	ii aii iiiiOiiiiatioii	or which prop	aror nas any k		1 7000	1.14	21	10	-
Sig	.n	\$ \$ \$ gn	ature/of/o	flicer	10.	WIXIA	CA_		_			-	Date	<del>~   1 <b>F</b>  </del>	00	/ ()	λ
He		\ ' \	ארבו אוצ	ANNE	Δ	Will	1.1	Paris	<u> </u>					•			
		Туре		name and	itle .	_0074		1 11 each	المعا								
		I Prin	t/Type r	reparer's	name		Prei	parer's signatui	re 🔿	Date	Ch	eck X	if P	TIN			
_		' ' ''	, pu p					1. J.	· Her		l l	ىكــا If- emplo	-				
Pa		. E :	דשתק	N AU	INE		H	- CALC EDWIN A	UNE	05/1	l l	F	·	P003	571	76	
	pare	Firm				CPA F				[00/1		rm's FIN	v ▶ 64			_	
Us	e Onl					North		ar Sui	te 3			hone no		-281			
		""	. o addii			rd, M					يــــا	110116 110	. 002	201			
May	the IDC	- L	this rati					ee instructions	<del></del>				<del></del>	► X	Yes	Т	No
iviay	air inc	uiscuss	una iell	ITTI WILLI	пе ртера	i di anowil d	nove. 3	co man actions									(2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Inspection

Inspec

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

DOORS OF HOPE TRANSITION MINISTRIES 90-0637806

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

ation is not a private foundation because it is (For lines 1 through 11, check only one box.)

The o	organı	zation is not a private found	ation because it is (	(For lines 1 through 11, o	check only	one box )				
1	Ш	A church, convention of ch	urches, or association	on of churches describe	d ın <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospita	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state								
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substa	intial part of its support t	from a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II )					
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from								
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975		
		See section 509(a)(2). (Cor	mplete Part III )							
10		An organization organized a	and operated exclus	ively to test for public sa	afety Sees	section 50	)9(a)(4).			
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform 1	the functio	ons of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section (	509(a)(2)	See <b>section 509(a)(3).</b> C	Check the box in		
		lines 11a through 11d that	describes the type o	of supporting organization	n and com	nplete lines	s 11e, 11f, and 11g			
а		Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority o	of the dire	ctors or trustees of the s	supporting		
		organization You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anızatıon supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving		
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С	L	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions	s) You must complete I	Part IV, Se	ections A,	D, and E.			
d	<u> </u>		<b>, integrated.</b> A supp	oorting organization opei	rated in co	nnection v	vith its supported organi	zation(s)		
		that is not functionally int	egrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness		
	_	requirement (see instruct		-						
е	<u> </u>	Check this box if the orga					a Type I, Type II, Type III			
		functionally integrated, or	• •	nally integrated support	ing organi	zation				
f		r the number of supported of	•							
_ <u>g</u>		ride the following information  Name of supported	about the supporte	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	,,	organization	() 2	(described on lines 1-9	listed i	n your	support (see	other support (see		
				above or IRC section	governing of Yes	No No	Instructions)	Instructions)		
				(see instructions))	163	140		<del>-</del>		
			. <u>-</u>	<del> </del>						
				-	-					
	-									
		· <del></del>					· · · · · · · · · · · · · · · · · · ·			
					1					
Γota	ıl									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						<del></del>
	membership fees received (Do not						
	ınclude any "unusual grants ")		37972.	56676.	55573.	68742.	218963.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	_					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		37972.	56676.	55573.	68742.	218963.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						92274.
6	Public support. Subtract line 5 from line 4						126689.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	, ,	37972.	56676.	55573.	68742.	218963.
8	Gross income from interest,					İ	<del></del>
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	-					
	or loss from the sale of capital						
	assets (Explain in Part VI )				15735.	23555.	39290.
11	Total support. Add lines 7 through 10						258253.
	Gross receipts from related activities,	etc (see instruction	ons)	•		12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here			-		<b>▶</b> 🗶
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	<u>%</u>
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the c	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶∟_
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes				13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pai	t VI how the organ	zation
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						<u>, ▶ □</u>
						dule A (Form 990	

## Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support		_			<del> </del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			•			
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			Ì		1	
-	ization's benefit and either paid to						
	or expended on its behalf					1	
5	The value of services or facilities					1	
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	·			†		
7 6	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						<del></del>
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year				<del>                                     </del>		<u> </u>
	Add lines 7a and 7b						
8	Public support (Subtractline 7c from line 6.)	<u> </u>	<u>,</u>			1	<u> </u>
	ndar year (or fiscal year beginning in)	(n) 2010	(b) 2011	(a) 2012	(d) 2013	(a) 2014	(6 Total
		(a) 2010	<b>(b)</b> 2011	(c) 2012	(u) 2013	(e) 2014	(f) Total
	Amounts from line 6 Gross income from interest,		<u> </u>		1	+	
102	dividends, payments received on						ŀ
	securities loans, rents, royalties				İ		i
	and income from similar sources			-		+	<u> </u>
C	Unrelated business taxable income (less section 511 taxes) from businesses						
	'						
	acquired after June 30, 1975			<b>-</b>	<del> </del>	+	
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on			ļ			ļ
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)	<b></b>				-	
	Total support. (Add lines 9, 10c, 11, and 12)		L				<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi:	zation,
_	check this box and stop here	:- C D-		· · · · · · · · · · · · · · · · · · ·			
_	ction C. Computation of Pub	<del></del>	<del>-</del>		_ <del>_</del>	T T	<del></del>
	Public support percentage for 2014 (			column (f))		15	<u>%</u>
_	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inve					T	
17	, ,	· ·		ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2014. If the	-					1 / Is not
	more than 33 1/3%, check this box a	="	=				
t	33 1/3% support tests - 2013. If the	•					
	line 18 is not more than 33 1/3%, che			•		-	·      ₽⊢
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			<b>P</b>
4320	23 09-17-14				Sc	nedule A (Form 99	90 or 990-EZ) 2014

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
-	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1 1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
~	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	t	
2-	· · · · · · · · · · · · · · · · · · ·			
Sa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		1	
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
¢	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
_	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
٠	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
		6		
_	Part VI.	-		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	$\vdash$	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1		
	organizations)? If "Yes," answer (b) below	10a	$oxed{oxed}$	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess husiness holdings )	10h	1 1	1

Sche	dule A (Form 990 or 990 EZ) 2014 DOORS OF HOPE TRANSITION MINISTRIES 90-06	3780	6 Pa	age 5
	rt IV   Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	L	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		<del></del>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ļ		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
6	supervised, or controlled the supporting organization	2	<u> </u>	
Sec	tion C. Type II Supporting Organizations		Yes	No
	Marie a majority of the expensional dispeters or trusteen during the tay year along a majority of the dispeters		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	İ	1
Sec	tion D. Type III Supporting Organizations	<u> </u>	L	L
000	tion b. Type in cupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Ì	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u></u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)	:		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	structions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	
3	Parent of Supported Organizations Answer (a) and (b) below.		1	
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in part vi the role played by the organization in this regard	3b	1	<u> </u>
43202	5 09-17-14 Schedule A (Form	990 or 99	90-EZ	2014

Sche	edule A (Form 990 or 990-EZ) 2014 DOORS OF HOPE TRANSITION	N MI	NISTRIES	90-0637806 Page 6
Pai				
1	· Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 <b>See ins</b>	structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u> </u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

Sche Par	dule A (Form 990 or 990 EZ) 2014 DOORS OF HOPE	TRANSITION MI	NISTRIES 9	0-0637806 Page 7
Ŀ	Type in team t another any integration con	(a)(3) Supporting Org	anizations (continued)	
<u>Secti</u>	on D - Distributions	<u> </u>	<del> </del>	Current Year
_1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
_4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	· · · · · · · · · · · · · · · · · ·	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
	Underdistributions, if any, for years prior to 2014			<del></del>
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
	Excess distributions carryover, if any, to 2014			
<u>_</u>	•			
<u>c</u>				
	From 2012			
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			'
	Applied to 2014 distributable amount			
<u> </u>	Carryover from 2009 not applied (see instructions)			
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			ı
	line 7 \$			•
	Applied to underdistributions of prior years			<del></del>
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			r.
	and 4c			
8_	Breakdown of line 7			
а				
b_				
с				
d	Excess from 2013			
	Excess from 2014			

hedule A	(Form 990 or 990-EZ) : Supplemental Ir	2014 DOORS C	OF HOPE	TRANSITION	MINISTRIES	90-0637806 <sub>Pa</sub>
Part VI			•		art II, line 10, Part II, line 1	7a or 17b, and Part III, line 12
	Also complete this pa	art for any additiona	l information (S	See instructions)		
					·	
	<del> </del>					
					<del></del>	
					_	
_					···	
					<u>-</u>	
-					· · · · · · · · · · · · · · · · · · ·	
		·				
						<del></del>
					<del> </del>	
		<u> </u>				`
	·			-		
		·	<del></del>			
	·					
_						
_	_					
	· <del></del>					
	- <del></del>			· · · · - · · ·		
			<u> </u>			· -

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

2014

Open to Public Inspection

Name of the organization

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

Employer identification number

DOORS O	F HOPE TRANSITION	MIN	IST	RIES	90-0637	806
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicitar f Solicitar g X Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	(iii) Drd fundraiser have custody or control to from activity (iv) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) organization			
		Yes	No			
-	, , , , , , , , , , , , , , , , , , , ,					
·						
	· **-					
						<del></del>
	<u></u> ,					
Total  3 List all states in which the organization or licensing	n is registered or licensed to solicit	contrib	oution	s or has been notified	d it is exempt from re	egistration
MS						
	-					
	<del></del>					<del></del>
	<del></del>					

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

Schedule G (Form 990 or 990-EZ) 2014

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than  (a) Event #1 (b) Event #2 (c) Other events (add col. (a) performance, (event type) (event type) (total number)  1 Gross receipts 24371. 5740. 3  2 Less Contributions 5000. 5740. 2  4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 5 Noncash prizes 10 Direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 12 Net income summary Subtract line 10 from line 3, column (d) 15,000 on Form 990-EZ, line 6a (d) Total earlier (e) Other gaming. (d) Total gam (d) Total gam (d) Full tabs/instant (e) Other gaming. (d) Total gam (d) Total gam (d) Total gam (d) Full tabs/instant (e) Other gaming. (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) Total gam (d) T		edul I <b>rt</b>	le G (Form 990 or 990 EZ) 2014 DOORS O	e organization answered	TTION MINIST  1 "Yes" to Form 990 Par	TRIES 90-	0637806 Page 2
(d) Total a fadd cold is cold cold in the performance, (event type) (lotal number)  1 Gross recepts 24371. 5740. 3  2 Less Contributions 5000. 3 Gross income (line 1 minus line 2) 19371. 5740. 2  4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (e) 7 Direct expense summary Subtract line 10 from line 3, column (e) 7 Enter line (a) Bingo (c) Pull liabs/instant bingo/griggressee bingo (c) Other gaming (d) Total gaming (d) Total gaming (e) Total capture for the column (e) 8 Noncash prizes 7 Clear prizes 8 Entertainment 9 Other direct expenses summary Subtract line 10 from line 3, column (e) 7 Direct expense summary Subtract line 10 from line 3, column (e) 7 Direct expense summary Subtract line 10 from line 3, column (e) 8 Noncash prizes 9 Cash prizes 9 Cold (a) through 9 In column (e) 9 Enter the state(s) in which the organization conducts gaming activities a list he organization licensed to conduct gaming activities in each of these states? 9 Set 10 Other gaming licenses revoked, suspended or terminated during the tax year? 9 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves 10 Ves				=			
performance, (event type) ((total number) col (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)				(a) Event #1			(d) Total events
Gross receipts   Gevent type  (event type) (total number)   Color						4	(add col (a) through
2 Less Contributions 3 Gross income (line 1 minus line 2) 19371. 5740. 2 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 10 Direct expense summary Add lines 4 through 9 in column (d) 1 Net income summary Subtract line 10 from line 3, column (d) 2 Part IIII Gross revenue 3 St5.000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant lingo/progressive bingo (c) Other gaming (d) Trotal gam col (a) through 9 in column (d) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities in each of these states?  Yes 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	ø					(total number)	col (c))
3 Gross income (line 1 minus line 2)  19371.  5740.  2  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 1 Net income summary Subtract line 10 from line 3, column (d) 2  Part III   Saming. Complete if the organization answered "Yes" to Form 990, Part IV. line 19, or reported more than \$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming col (a) through 1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities a is the organization licensed to conduct gaming activities in each of these states?  10 Direct expense summary Add lines 2 through 5 in column (d)  9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Revenu	1	Gross receipts	24371.		5740.	30111.
4 Cash prizes 5 Noncash prizes 6 Rent/laclity costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 1 Rent/laclity costs 10 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/laclity costs 5 Other direct expenses  1 Gross revenue  2 Cash prizes 5 Other direct expenses 5 Other gaming location answered "Yes" to Form 1990, Part IV, line 19, or reported more than 5 (d) Total gaming location answered "Yes" to Form 1990, Part IV, line 19, or reported more than 5 (d) Total gaming location answered "Yes" to Form 1990, Part IV, line 19, or reported more than 5 (d) Total gaming location answered "Yes" to Form 1990, Part IV, line 19, or reported more than 5 (d) Total gaming location answered "Yes" to Form 1990, Part IV, line 19, or reported more than 5 (d) Total gaming location answered		2	Less Contributions	5000.			5000.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 12 Part III Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) through 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		3	Gross income (line 1 minus line 2)	19371.		5740.	25111.
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 1556. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 11 Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pulli tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) through 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		4					
8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) throug 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  (a) Wes	SS	5	Noncash prizes				
8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) throug 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  (a) Wes	xpense	6	Rent/facility costs				
8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) throug 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  (a) Wes	Irect E	7	Food and beverages				
10 Direct expense summary Add lines 4 through 9 in column (d)  11 Net income summary Subtract line 10 from line 3, column (d)  \$11 Net income summary Subtract line 10 from line 3, column (d)  \$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) through 5 in column (d)  7 Direct expenses summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  Yes  Yes  Yes  Yes  Yes		8	Entertainment				
1   Net income summary Subtract line 10 from line 3, column (d)   2		9	Other direct expenses	1556.			1556.
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) through the progressive bingo (a) through the progressive bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam col (a) through the progressive bingo (d) Total gam		10	Direct expense summary Add lines 4 through	n 9 ın column (d)		<b>&gt;</b>	1556.
\$15,000 on Form 990-EZ, line 6a  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col (a) through through the bingo/progressive bingo (c) Other gaming col (a) through through through the bingo/progressive bingo (c) Other gaming col (a) through through through the bingo/progressive bingo (c) Other gaming col (a) through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through throu	-						23555.
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col (a) through through through the progressive bingo (e) Other gaming (d) Total gam col (a) through through through through through the progressive bingo (e) Other gaming (d) Total gam col (a) through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through through throu	Ра	irt i		answered "Yes" to Form	1990, Part IV, line 19, or	reported more than	
1 Gross revenue   1 Gross revenue   2 Cash prizes   2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   7 East of the state (s) in which the organization conducts gaming activities   6 If "No," explain   9 Enter the state(s) in which the organization conducts gaming activities in each of these states?   7 East of the state (s) in which the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the state (c) In the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the state (c) In the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the state (c) In the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the organization's gaming licenses revoked, suspended or terminated during the tax year?   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization   7 East of the organization	_		\$15,000 on Form 990-EZ, line 6a	- "-	(b) Pull tabs/instant	Ι	(d) Total gaming (add
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	nue			(a) Bingo		(c) Other gaming	col (a) through col (c))
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	eve						
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states?  b if "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	<u>н</u>	1	Gross revenue				
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	ses	2	Cash prizes				
5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	Expen	3	Noncash prizes				
6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	Direct	4	Rent/facility costs				
6 Volunteer labor  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes		5	Other direct expenses				
7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes				Yes %	Yes%	Yes %	
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes		6	Volunteer labor	L No	No	No No	
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes		7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes		8	Net gaming income summary Subtract line 7	from line 1, column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes				\-\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		•	
b If "No," explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	9	Ent	ter the state(s) in which the organization condu	ucts gaming activities _			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes	а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		└── Yes └── No
to a resident of the organization of gamma, and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	b	If "	No," explain				
to a resident of the organization of gamma, and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the		_					<del></del>
						year?	Yes No
		_		<del></del>		<del></del>	<del></del>
Schodula G/Form 990 or 990	_	_					

Schedule G (Form 990 or 990-EZ) 2014 DOORS OF HOPE TRANSITION MINISTRIES 90	)-063/806_Page 3_
11 Does the organization conduct gaming activities with nonmembers?	└─ Yes └─ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	L Yes L No
13 Indicate the percentage of gaming activity conducted in	<i>t</i> 1
a The organization's facility	13a %
<b>b</b> An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address	
16 Gaming manager information	
Carring manager information	
Name	
Common manager commonant on D. C.	
Gaming manager compensation  \$	
Description of services provided	
Description of services provided P	
	<del></del>
Director/officer Employee Independent contractor	
Director/officer Employee Employee	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	
organization's own exempt activities during the tax year  \$\Bigs \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III lines 9 9h 10h 15h
15c, 16, and 17b, as applicable Also provide any additional information (see instructions)	III, III (23 3, 35, 105, 105,
13c, 10, and 17b, as applicable Also provide any additional information (see instituctions)	
	<u>.</u>
	<del></del> _

Schedule G	(Form 990 or 990-EZ)	DOORS OF HOP	E TRANSITION	MINISTRIES	90-0637806 <sub>F</sub>	age 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)			<del>-</del> .	
•			•		<del> </del>	
•						
		-			<del></del>	
				-		
				= -		
_						
				<del> </del>	<del></del>	
		<del></del>				
			<del> </del>			
			-			
			-			
	·····			· · · · · · · · · · · · · · · · · · ·		
					· · · · · · · · · · · · · · · · · · ·	
				<del>-i</del>		
			·			
					<del></del>	
			•			
	-				<del> </del>	

### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

Name of the organization  DOORS OF HOPE TRANSITION MINISTRIE		ployer identification number $90-0637806$
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
Client Support		907.
Office Expense		416.
Insurance		1108.
Supplies		76.
Telephone	-·	836.
Other		358.
Storage		2304.
Total to Form 990-EZ, line 16		6005.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description I	Beg. of Yea	ar End of Year
Utility deposits	546	5. 546.
Form 990-EZ, Part II, Line 26, Other Liabilities:		
Description I	Beg. of Yea	ar End of Year
Payroll taxes	1401	1579.
Client escrow funds	2799	2883.
Total to Form 990-EZ, line 26	4200	). 4462.
Form 990-EZ, Part III, Primary Exempt Purpose - To	o guide hor	neless families_
and at-risk families toward self-reliance and stal	bility thro	ough a
holistic, individualized approach that includes 1:	ife-skills	training,
mentoring and supportive housing		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

### **SCHEDULE 0**

(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 154<u>5-0047</u> Open to Public Inspection

Name of the organization

DOORS OF HOPE TRANSITION MINISTRIES

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 90-0637806

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
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.