** Public Inspection Copy **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For the	e 2020 calendar year, or tax year beginning and	ending						
B	Check if applicab	e: C Name of organization		D Employer identific	cation number				
	Addre chang	THE OPEN DOOR							
	Name chang		27-04159	00					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return	3910 RAHN ROAD	651-688-3						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,123,025.				
	Amen return	EAGAN, MN 55122		H(a) Is this a group re					
	Applic tion pendi	F Name and address of principal officer: CAROL WIRSDINSKI		for subordinates	? Yes 🔀 No				
		SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$	or 527	, , , , , , , , , , , , , , , , , , , ,	list. See instructions				
				H(c) Group exemption					
	orm o	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 2009 N	State of legal domicile: MN				
	1	Briefly describe the organization's mission or most significant activities: A FRI	דכם אם		IDING LOCAL				
e	1	HUNGER THROUGH ACCESS TO HEALTHY FOODS.	SII AF	FROACH TO EF	DING DOCKD				
an	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not ass	ete				
veri	3			3	11				
ĝ	4				11				
HUNGER THROUGH ACCESS TO HEALTHY FOODS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 3 5 4 5 5 6 5 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a									
itie	6	Total number of volunteers (estimate if necessary)			<u> </u>				
cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
đ	8	Contributions and grants (Part VIII, line 1h)		2,963,381.	7,119,968.				
Revenue	9	Program service revenue (Part VIII, line 2g)		1,095.	0.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,351.	3,003.				
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,409.	54.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,970,534.	7,123,025.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,072,526.	4,747,846.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\$		482,409.	677,868.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ďx	. b	Total fundraising expenses (Part IX, column (D), line 25) 200, 35		212 252					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		319,079.	514,701.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,874,014.	5,940,415.				
	19	Revenue less expenses. Subtract line 18 from line 12		96,520.	1,182,610.				
ts or				ginning of Current Year	End of Year				
Assets	20	Total assets (Part X, line 16)		502,167.	1,783,074.				
Net A	-	Total liabilities (Part X, line 26)		<u>63,087.</u> 439,080.	<u>161,384.</u> 1,621,690.				
تل	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		439,000.	1,021,090.				

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

Sign Here	Signature of officer Date CAROL WIRSBINSKI, PRESIDENT Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	RACHEL FLANDERS	RACHEL FLANDERS	05/27/		P01591790)			
Preparer	Firm's name 🕒 CLIFTONLARSONALL	EN LLP		Firm's EIN ▶ 41	-0746749				
Use Only	Firm's address 🖕 220 S 6TH STREET	, SUITE 300							
MINNEAPOLIS, MN 55402 Phone no.612-376-4500									
May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-23	3-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form 990 (2	2020)			

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: A FRESH APPROACH TO ENDING LOCAL HUNGER THROUGH ACCESS TO HEALTHY
	FOODS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5,491,818. including grants of \$4,747,846.) (Revenue \$)
	THE OPEN DOOR IS A HUNGER RELIEF ORGANIZATION WHICH BENEFITS
	LOW-INCOME, FOOD-INSECURE INDIVIDUALS AND FAMILIES WHO LIVE IN DAKOTA
	COUNTY, MN.
	THROUGH 2020 WE ACCOMPLISHED:
	1. PROVIDING SAFE AND RELIABLE ACCESS TO HEALTHY, NUTRITIONALLY DENSE
	FOOD THROUGH MORE THAN 14,000 VISITS EACH MONTH (DOUBLE THE NUMBER IN
	2019).
	2. ADDING WEEKLY LARGE-SCALE DRIVE-THRU DISTRIBUTIONS AT SCHOOLS AND
	COMMUTER PARKING RAMPS, SERVING AS MANY AS 2,000 PEOPLE WEEKLY.
	3. HELPING FOOD-SHELF CLIENTS PLANT, GROW, HARVEST AND PREPARE THEIR
	OWN FRESH PRODUCE. CHURCHES, SCHOOLS AND BUSINESSES PROVIDED MORE THAN
	300 ADOPTABLE PLOTS AT 12 LOCAL SITES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 5,491,818.
4e	Total program service expenses ► 5,491,818. Form 990 (2020)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI	<u>11a</u>	Δ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			- 23
u		11d		х
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	л	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 23
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	• • • • • •	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	900	(00000)
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2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 19 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 19 b If a teast one is reported on Ima 2a, diff the organization file all required to defile enstructional) 3a 3a 10 the organization have urrelated business gross income of \$1,000 or more during the year? 3a 3a 10 the organization have urrelated business gross income of \$1,000 or more during the year? 3a 3a 10 the organization have urrelated business gross income of \$1,000 or more during the year? 3a 3a 10 the organization have urrelated business gross income of \$1,000 or more during the year? 3a 3a 2 the organization have man of the foreign country business account, or there financial accounts? 4a 4a 2 the organization have an organization have an organization have are organization as personate account or the organization have organization have an organization have an organization have are organization as personate actine that are organization as personate actine transcitication and service provided to the page of the organization have or	Form	990 (2020) THE OPEN DOOR 27-0415 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	900	P	age 5
2a Enter the number of employees reported on From W3. Transmittal of Wage and Tax Statements. 2a 1.9 b If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? 2b X Note: If the sum of line 2a, did the organization file all required fideral employment tax returns? 2a X a DA the organization have unreaded business groups income of 51.000 more during the year? 3a X b If "hes," has it filed a from 80-17 for the year? // More to line 3b, provide an explanation or Scheduko O 3b 4a b If "hes," intain tille or longin country Yean At any time during the calenders year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Yean brain tax share and the any time during the tax year? 3a X B Was the organization have in the organization the file media any time during that ax year? 3a X 3b 5c X B D any taxable party notify the organization tax in a normally greater than \$100,000, and did the organization solicit, an express statement that such contributions solicit, any contributions that may receive deductible a contributions? 5a X B D If "As', add the organization in eavise of the good solicitation an express statement that such contributions or giffs were not tax deductible? 5b 7				Vac	No
interform Lab Lab <thlab< th=""> Lab <thlab< th=""></thlab<></thlab<>	22	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements		Tes	NO
b If a last one is reported on line 2a, did the organization is all required tearing provide an exploration and the standards of the standard on any be required to <i>a-sile</i> (see instructions) 26 X 3a Dot the organization have unary be required to <i>a-sile</i> (see instructions) 3a X 3b Thes,'' has if field a form 990-T for this year? <i>I'</i> No' to line 3b, provide an explanation or Schedule O 3b X b I' Yes,'' that if field a form 990-T for this year? <i>I'</i> No' to line 3b, provide an explanation or Schedule O 3b X b I' Yes,'' then the name of the forgin country (such as a bank account, securities account, or other financial account)? 4a X b I' Yes,'' the organization have annual prose receipts that are normally great than \$100,000, and did the organization solid: any contributions that was relax deductible as contributions? 5a X b I' Yes,'' idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as on-that was contributions? 6a X b I' Yes,'' idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X c Organization network apprent in excess of \$7 made party as a contribution of quarks and services provided 10 the party? 7a X d	Za				
Note: If the sum of these 1a and 2a is greater than 250, you may be required to e-fig (see instructions) Image: Control 1 a foreign and the organization in the set	h		2h	x	
a Did the organization have unrelated business gross income of \$1,000 or more during the yar? 3a X b If 'Ves,' inst find a Form S000 for this isyar? (I /Ve 16 tind 80, yourkie an exploration on Schedule O 3b X b If Ves,' inst find a Form S000 for this isyar? (I /Ve 16 tind 80, yourkie an exploration on Schedule O 3b X b If Ves,' inst the name of the foreign country (south as a bank acount, southles acount), or other financial acounts (FRAR), 5a X B Wes the organization apart to a prohibit the form 886-7? 5a X D Id any taxable party notify the organization the form 886-7? 5a X G Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that ween totax deductibles cathratele contributions? 5a X J If Yes,' id dif the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles cathratele contributions? 6a X J If Yes,' id dif the organization include with every solicitation and protey for goods and services provided to the pare? 7a X J If Yes,' id the organization include with every orded? 7a X 7b X J If Yes,' indicate the number of forms 8282 field during the year. Zd 7c X	D		20		
b #"Yes," has it field a Form 90-1 for this year? // Wo' to fan 3b, provide an explanation on Schedule 0 9b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts fIEAP). 4a X b I"Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FEAP). 5a X 5a Was the organization a party to a prohibited tax shere transaction at any time during the tax year? 5a X 6a Dod any taxable party notify the organization that taw or is a party to a prohibited tax shere transaction? 5c C 6a Dod any taxable party notify the organization have on the value on the submet of the organization solid: any contributions that were not tax deductible contributions? 6a X 7 Organization set active active deductible contributions rule section 170(c). 0b 7a X 7 U"s," did the organization neither way parentil mexes of Store party as a collibution organization section 170(c). 7a X 9 Did the organization neither way parentil mexes of Store party as a collibution organization section 170(c). 7a X 10 Did to organization neither approximation field party as collibutin any parentil mexes of threadia pareno tope for the standing tha	3a		3a		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other mancial cocurn(?) 4a X b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Ud any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization file form 8885? 5a X c If 'Yes' to ine Sa or 5b, did the organization file form 8885? 5a X c If 'Yes' to ine Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts ware not tax deductible contributions? 5a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts ware not tax deductible contributions and partly to goods and services provided to the part? 7a X b If 'Yes,' did the organization inclift the dorn of the value of the organization to goods and services provided? 7b 7b c If 'Yes', 'idi the organization inclift the dorn of the value of the organization account? 7a X d If 'Yes,' idicate the number of Forms 8282 filed during the year 7d 7d 7d c If 'Yes,' idicate the number of Forms 8282 filed during the year? 9a					
financial account in a toreign country (such as a bark account, securities account, or other financial account)? 4a X b If 'Yes,' enter the name of the foreign country > > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See X 5b Did any taxable party notify the organization file Form 8886-17. See X 6a Does the organization new annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? See X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). See X b If the organization neevies party in a prohibit a contribution and party for prohibit twas required to the form 88282? To To c Did the organization neevies any funds, directly or indirectly, to pay premiums on a personal benefit contract? To X d If 'Yes,' indicate the number of Forms 8282? ried funds To X d If 'Yes,' indicate the number of Forms 8282? ried funds To X d If the organization neeview a pany funds, directly or indirectly, on a personal benefit			0.0		
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Form 990	(2020)
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 [Part V] Governance, Management, and Disclosure <i>For</i> each 'vsa' regorate to fine 2 through 7b below, and for <i>i</i> the <i>i</i> star <i>i base</i>. <i>ibelow, describe the circumstances</i>. <i>Proceedses, or charges on Schedule O. See instructions</i>. Check if Schedule O. See instructions are sponse or note to any line in this Part VI. Section A. Governing Body and Management. 1a Enter the number of voting members of the governing body at the end of the tax year if there are material attenteres in voting inglts among members the governing body or it the governing body. The governing body of the governing body or its governed to the governing body or its governed to the sponse of the governing body or its governed to the sponse of the governing body or its governed to the sponse of the governing body or its governed to the sponse of the governed body of the sponse of the governed to the sponse of the governed body of the sponse of the governing body? Bo the organization have members is stockholders? Do the organization have members, stockholders? Do the organization have members, stockholders? Bo the organization have members is tockholders? Bo the organization have members of the governing body? B the sponse of the governing body? B the sponse of the governing body? B the sponse of the	900	Р	age
to line 86, 86, or 10b below, describe the circumstances, processes, or changes on Schedule C. See instructions. Check If Schedule C outpains a response or note to any line in this Part VI Section A. Governing Body and Management a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delagable toriad authority to a rescuive committee or similar committee, explain on Stendule 0. b Enter the number of voting members included on line 1a, above, who are independent D to the organization delagable control over management duties customerity performed by or under the direct supervision of officers, director, trustee, or key employees to a managament company or other person? D to the organization heave members or stockholders? D to the organization make any significant changes to its governing documents since the prior Form 990 was fied? D to the organization heave members, stockholders? D to the organization heave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? D to the organization heave members, stockholders, or outper sensens who had the power to elect or appoint one or more members of the governing body? D b Are any governing body? D b Are any governing body? D b Are any governing body? D b Each committee with authority to act on behalf of the governing body? D b Each committee with authority to act on behalf of the governing body? D b Each committee with authority to act on behalf of the governing hody? D b Stens any dired, riceCtor, Lustee, or key memployee listed in Park UI, Section A, who cannot be reached at the organization have members in thereates and reductes governing the diverse? D of the organization have written policies and product by the Internal Revenue Code. D of the organization have written policies and productes governing body before filling the form? D b Bother organization have	"No" re	espons	se
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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i> 3 Did the organization have a written whistleblower policy? 4 Did the organization have a written document retention and destruction policy? 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶MN 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. 	12a	Х	
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 3 Did the organization have a written whistleblower policy? 4 Did the organization have a written document retention and destruction policy? 5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	12c	Х	
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 b Other officers or key employees of the organization	45 -	Х	
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 exempt status with respect to such arrangements? fection C. Disclosure 7 List the states with which a copy of this Form 990 is required to be filed ▶MN 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. 9 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 			
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 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. 0 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 			
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 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records 			
statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records			
20 State the name, address, and telephone number of the person who possesses the organization's books and records	d financ	cial	
KRIS ALBRIGHT - 651-789-1440			
3910 RAHN ROAD, EAGAN, MN 55122			
32006 12-23-20	Form	990	(2020
12		<i>.</i> .	-
0527 131839 053-130186-00 2020.03050 THE OPEN DOOR		05	3-1

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	THE OPEN DOOR	27-0415900 Page 7
Part VII Compensation of	of Officers, Directors, Trustees, Key Employees, Highe	st Compensated
Employees, and	Independent Contractors	
Check if Schedule O	contains a response or note to any line in this Part VII	
Section A. Officers, Directors,	, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete this table for all per	rsons required to be listed. Report compensation for the calendar year e	nding with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(C Pos	C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more t box, unless person is officer and a director			ore than one on is both an		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JASON VIANA	40.00									
EXECUTIVE DIRECTOR	1			X				102,944.	0.	203.
JEN JOLY	1.00								•	<u>^</u>
PRESIDENT	- 1 00	Х		X				0.	0.	0.
CAROL WIRSBINSKI	1.00			3.7				_	•	•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
TINA AREND SECRETARY	1.00	x		x				0.	0.	0
SCOTT LANNERS	1.00	^	-	<u>^</u>				U.	U •	0.
TREASURER	1.00	x		x				0.	0.	0.
SARA ANDERSON	1.00	- 23		- 23						0.
BOARD MEMBER		x						0.	0.	0.
KIM CHRISTIANSON	1.00									
BOARD MEMBER		х						0.	0.	0.
MICHAEL MANGOLD	1.00									
BOARD MEMBER		х						0.	Ο.	0.
JENNIE MEINZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
MIKE MILLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
PASTOR KELLI WEISS	1.00									
BOARD MEMBER		Х						0.	0.	0.
MARY WORLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
		<u> </u>								
032007 12-23-20										Form 990 (2020)

032007 12-23-20

	990 (2020) THE OPEN									27-04	159	00	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trust		oloye	es,			ghes	t C		, ,				
	(A) Name and title	(B) Average hours per week	Average nours per box,			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensatior from related	ו ו	(F) Estima amoun othe		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	compe	nsati n the izatic elate	on d
	Subtotal								102,944.		0.			3.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 102,944.		0.		20	0. 3.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
												Y	es	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,	,				·	0				3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		4		x
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	elate	ed organization or individ	lual for services		5		x
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	blete Schedule	e J TC	or su	icn p	berse	on .				····	5		
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ensatio	n from		
	(A) Name and business		NC						(B) Description of s		Col	(C)	ation	
			INC		<u> </u>				Description of a					
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	l to t	thos 0		ted	above) who received mo	ore than				

032008 12-23-20

		(2020) THE OPEN DOOR				27-0415	900 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line		(=)		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0, (0	4						360110113 3 12 - 3 14
ants unts	16	a Federated campaigns 1a b Membership dues 1b					
D C L		Membership dues 1b Fundraising events 1c					
fts, r Ai		Related organizations 10					
Contributions, Gifts, Grants and Other Similar Amounts	é	e Government grants (contributions)					
ons	f	All other contributions, gifts, grants, and					
buti			119,968.				
d Of	ç		667,928.				
anc	ł	Total. Add lines 1a-1f		7,119,968.			
			Business Code				
e	2 4	a					
ervi	k						
n Se enu	C						
Jev	C	i					
Program Service Revenue	e						
д.							
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest					
	3	other similar amounts)		2,003.			2,003.
	4	Income from investment of tax-exempt bond pi		2,0031			2,0031
	5	Royalties	Г				
	•	(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k						
	Ċ						
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	1,000.				
	k	Less: cost or other basis					
venue		and sales expenses 7b	0.				
		c Gain or (loss) 7c	1,000.	1 0 0 0			1 0 0 0
Other Re		I Net gain or (loss)	····· ►	1,000.			1,000.
the	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See Part IV, line 18 8a					
	ŀ	b Less: direct expenses					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses					
		Net income or (loss) from gaming activities	>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	C	Net income or (loss) from sales of inventory					
S		MICCELLANDOUG THOOME	Business Code	EA			E A
leor	11 a	MISCELLANEOUS INCOME	900099	54.	<u> </u>		54.
ven	k		├				
Miscellaneous Revenue							
Ϊ		All other revenue Total. Add lines 11a-11d		54.			
	12	Total revenue. See instructions		7,123,025.	0.	0.	3,057.
03200	9 12-2		F				Form 990 (2020

THE OPEN DOOR

ect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,747,846.	4,747,846.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	103,148.	30,945.	30,944.	41,259
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	507,308.	337,477.	34,619.	135,212
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	9,964.	4,226.	4,127.	1,611
9	Other employee benefits				
0	Payroll taxes	57,448.	28,575.	13,451.	15,422
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1,100.		1,100.	
С	Accounting	10,790.		10,790.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10,190.	361.	7,329.	<u>2,500</u> 336
2	Advertising and promotion	11,814.		11,478.	336
3	Office expenses	134,900.	58,739.	74,451.	1,710
4	Information technology	10,812.	5,444.	5,368.	
5	Royalties	101 800	100 000		
6	Occupancy	191,703.	186,237.	5,466.	
7	Travel	9,863.	9,027.	836.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	407		407	
9	Conferences, conventions, and meetings	427.		427.	
D	Interest				
1	Payments to affiliates	21 002	20 626	A A 17	
2	Depreciation, depletion, and amortization	31,083.	30,636.	447.	
3		21,521.	9,622.	11,899.	
ł	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		31,421.	31,421.	0.	0
b	PROGRAM OUTREACH/RECOGN	26,019.	1,000.	22,710.	2,309
c	MISCELLANEOUS	18,513.	5,717.	12,796.	0
d	GARDEN TO TABLE	4,545.	4,545.	0.	0
	All other expenses	,	,		-
5	Total functional expenses. Add lines 1 through 24e	5,940,415.	5,491,818.	248,238.	200,359
5 6	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	aducational compaign and fundraising colicitation				

032010 12-23-20

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

	990 (2	2020) THE OPEN DOOR				27-	0415900 Page 11
Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any l	ine in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	299,261.	1	1,263,279.		
	2	Savings and temporary cash investments			0.	2	214,952.
	3	Pledges and grants receivable, net		3	,		
	4	Accounts receivable, net	11,000.	4	3,250.		
	5	Loans and other receivables from any current or				-	
	-	trustee, key employee, creator or founder, subst		· ·			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif					
	-	under section 4958(f)(1)), and persons described		6			
6	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			99,156.	8	154,011.
As	9				8,707.	9	11,400.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	349,762.			
	b	Less: accumulated depreciation		<u>349,762.</u> 218,207.	84,043.	10c	131,555.
	11	Investments - publicly traded securities	0.	11	4,627.		
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa		502,167.	16	1,783,074.	
	17	Accounts payable and accrued expenses	45,120.	17	60,351.		
	18	Grants payable				18	
	19	Deferred revenue			17,967.	19	8,133.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to any current or form	er officer	, director,			
litie		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e person	s		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	rties	0.	24	92,900.
	25	Other liabilities (including federal income tax, page	ables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			63,087.	26	161,384.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		439,080.	27	1,621,690.	
Ba	28	Net assets with donor restrictions		0.	28	0.	
pun		Organizations that do not follow FASB ASC 9	58, checl	khere 🕨 🗌			
Ϋ́Ε		and complete lines 29 through 33.					
s	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			100 000	31	
Ne	32	Total net assets or fund balances			439,080.	32	1,621,690.
	33	Total liabilities and net assets/fund balances	502,167.	33	1,783,074.		

Form **990** (2020)

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Form	1 990 (2020) THE OPEN DOOR	27 - 04	15900	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,123		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,940		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,182	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	439	9,0	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,621	L,6	<u>90.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2020)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047					
	2020					
	Open to Public Inspection					
r	r identification number					

Name of the	organization
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Name	of t	he organization						Employer	identification number	
			THE OPEN DOOR							
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.		
The o	rgani	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)				
1 [A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b) (1	I)(A)(i).			
2 [A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4 [A medical research organization	ation operated in co	njunction with a hospital	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 owned	l or operate	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	-					ne general i	oublic described in	
		section 170(b)(1)(A)(vi). (C	-							
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org			-	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	-			-		-	-	
		university:						· · ·		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem								
		income and unrelated busir								
		See section 509(a)(2). (Cor		(,	,	
11		An organization organized a	-	velv to test for public sa	fetv. See	section 50)9(a)(4).			
12		An organization organized a	-	•	•			rrv out the	purposes of one or	
_		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •					-	aivina	
		the supported organization	-	-	•	-				
		organization. You must c							1-1	
b		Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hay	vina	
		control or management o	-				-		•	
		organization(s). You mus						ge alle ealpr		
с		Type III functionally inte	-		in connect	tion with, a	and functional	llv integrate	d with	
-		its supported organization	• •							
d] Type III non-functionally		-				ted organiz	ration(s)	
		that is not functionally int						-		
		requirement (see instructi			•					
е		Check this box if the orga		•				II Type III		
Ũ	L	functionally integrated, or					19901, 1990	n, rype m		
f	Ente	er the number of supported of			0 0					
		vide the following information	•						L	
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Total										
	or P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020	

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Schedule A (Form 990 or 990 EZ) 2020 THE OPEN DOOR

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2391954.	2373234.	2803646.	2962975.	7119968.	17651777.
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	2391954.	2373234.	2803646.	2962975.	7119968.	17651777.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						32,136.
	Public support. Subtract line 5 from line 4.						<u>17619641.</u>
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2391954.	2373234.	2803646.	2962975.	7119968.	<u>17651777.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,468.	980.	581.	816.	2,003.	5,848.
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.)					54.	54.
11	Total support. Add lines 7 through 10						17657679.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	80,194.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I					14	<u>99.78</u> %
	Public support percentage from 2019					15	97.54 %
16 a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►
					Sche	edule A (Form 990	or 990-EZ) 2020

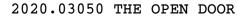
032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 THE OPEN DOOR

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	anization,
							>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	tion D. Computation of Inves	stment Income	• Percentage				
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	83 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	►
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organiz	zation ►
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check t	his box and see ins	structions .	>
03202	3 01-25-21		21		Sch	edule A (Fo	rm 990 or 990-EZ) 2020



1

2

Yes No

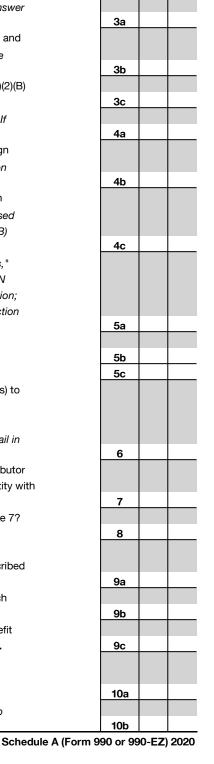
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
С	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	ction I	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported dization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		$ extsf{VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	super	vised, or controlled the supporting organization.	2		
<u>Sec</u>		C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the su	upported organization(s).	1		
<u>Sec</u>		D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	0	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
501	supportion	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		L
		Li Type in Fanolionally integrated oupporting Organizations			

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how y	v you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	---------------------------	---	--

23

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2020.03050 THE OPEN DOOR

Yes No

Schedule A	. (Form 990 or 990-EZ) 2020 $ { m T}$	HE OPEN	DOOR		
Part V	Type III Non-Functiona	ally Integrat	ted 509(a)(3)	Supporting	Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete 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):			
а	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):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	- inization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A	(Form 990	or 990-EZ) 2020	THE	OPEN	DOOF

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018 Excess from 2019			
	Excess from 2020			
0				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 THE OPEN DOOR

	Section D, lines 5, 6, and 8; and Part V, Secti (See instructions.)	ion E, lines 2, 5, and 6. Also complete this part for any additiona	al information.
032028 01-25-2		Sabadula	A (Form 990 or 990-EZ)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

27-0415900

THE OPEN DOOR

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 213,901. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 2,448,201. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 1,159,308. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 459,720. Noncash X \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

15500527 131839 053-130186-00

023452 11-25-20

Name of organization

Page **3**

THE OPEN DOOR

Employer identification number

27 - 0415900

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD - 1,511,235 POUNDS AT ESTIMATED VALUE PER		
3	POUND OF \$1.62		
		\$2,448,201.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD - 715,622 POUNDS AT ESTIMATED VALUE PER		
4	POUND OF \$1.62		
		\$1,159,308.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	DONATED FOOD - 283,778 POUNDS AT ESTIMATED VALUE PER		
5	POUND OF \$1.62		
		\$459,720.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
——			
		\$	
023453 11-25	j-20	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2020)

Page **4**

ame of orga	anization		Employer identification numbe		
	EN DOOR		27-0415900		
	from any one contributor. Complete columns (a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea y. For organizations sss for the year. (Enter this info. once.) \$		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- 		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	sfer of gift Relationship of transferor to transferee		
-					
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
454 11-25-20			Schedule B (Form 990, 990-EZ, or 990-PF) (20		

15500527 131839 053-130186-00

Department of the Treasury

Internal Revenue Service

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



Nam	e of the organization THE OPEN DOOR					Employer identification number $27 - 0415900$
Pa		Funds or Othe	er Si	milar Funds o	r Acc	
	organization answered "Yes" on Form 990, Part IV, line					
		(a) Donor ac	vised	d funds	(b) Funds and other accounts
1	Total number at end of year	()				,
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in write	ting that the asset	s hel	d in donor advised	d funds	
Ū	are the organization's property, subject to the organization's ex	-				
6	Did the organization inform all grantees, donors, and donor adv					
-	for charitable purposes and not for the benefit of the donor or c					
	impermissible private benefit?		-	• •		·
Pa		nization answered	"Yes	" on Form 990, Pa	art IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation	n or education)		Preservation of a	histor	ically important land area
	Protection of natural habitat			Preservation of a	ı certifi	ed historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	d conservation cor	ntribu	tion in the form of	a con	servation easement on the last
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements					2a
b	Total acreage restricted by conservation easements					2b
с	Number of conservation easements on a certified historic struct	ture included in (a)				2c
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and no	t on a	a historic structure	e	
	listed in the National Register				L	2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished,	or te	erminated by the o	rganiz	ation during the tax
	year ►					
4	Number of states where property subject to conservation easer	ment is located 🕨				
5	Does the organization have a written policy regarding the period	dic monitoring, ins	pecti	on, handling of		
	violations, and enforcement of the conservation easements it he	olds?				Yes 🔛 No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violation	s, and	d enforcing conse	rvation	easements during the year
	▶					
7	Amount of expenses incurred in monitoring, inspecting, handlin	ig of violations, and	d enf	orcing conservatio	on ease	ements during the year
-	► \$					
8	Does each conservation easement reported on line 2(d) above s	, ,		. ,		
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	e to the organizati	on's i	rinancial statemen	its that	describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	rt. Historical	Trea	sures, or Oth	er Si	milar Assets
	Complete if the organization answered "Yes" on Form 99	•				
1a	If the organization elected, as permitted under FASB ASC 958,		reve	nue statement an	d halar	nce sheet works
	of art, historical treasures, or other similar assets held for public	•				
	service, provide in Part XIII the text of the footnote to its financi	-				
b	If the organization elected, as permitted under FASB ASC 958,					sheet works of
-	art, historical treasures, or other similar assets held for public e	-				
	provide the following amounts relating to these items:	, A	,			
	(i) Revenue included on Form 990, Part VIII, line 1					► \$
	(ii) Assets included in Form 990, Part X					► \$
2	If the organization received or held works of art, historical treas					
-	the following amounts required to be reported under FASB ASC				. , 12	
а	Revenue included on Form 990, Part VIII, line 1	-				▶ \$
b	Assets included in Form 990, Part X					► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for					Schedule D (Form 990) 2020

032051 12-01-20

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. continued. a Using the organization's acqueston, and other records, check any of the following that make significant use of its collection tams (check all that apply): a Data is exchange program b Scholarly research control to the organization's accuration to collections and explain how they further the organization's accurate to receive donations of art. historical treasures, or other similar assets to be soft organization's accuration so collections and explain how they further the organization's output to a provide the following that make significant uses of the organization's collection? Yes Note and collection? Yes normage the year, did the organization's collection? Yes Normage to a mount of norm 900, Part X, Ime 21. The organization in acquest rules (autional or other interediaty for contributions or other assets not included on form 900, Part X, Ime 21. If the organization includes an anount on Form 990, Part X, Ime 21. If the organization includes an anount on Form 990, Part X, Ime 21. If the organization includes an anount on Form 990, Part X, Ime 21. If the organization includes an anount on Form 990, Part X, Ime 21. If the organization includes an anount on Form 990, Part X, Ime 21. for escrow or custodial account liability? Yes is not book part and the organization accuester Yes on Form 900, Part X III. If the organization includes an anount on Form 990, Part X, Ime 21.	Sche	dule D (Form 990) 2020 THE OPE							27-04			age 2
a ⊂ Polic exhibition d ⊆ Loan or exchange program b ⊆ Scholarly research e ⊡ Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Historio	cal Trea	isures, or	[·] Other	Simila	r Assets	(contin	ued)	
a Public exhibition d □ can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accession	on, and other record	s, check any	y of the fo	llowing that	make sig	gnificant ι	use of its			
b Scholarly research e Other		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 91, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and part, trustee, custocian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, the second state of the organization answered 'Yes' on Form 990, Part X, line 21, for second or custofial account liability? b If 'Yes,' explain the arrangement in Part XIII check here if the explanation has been provided on Part XIII c Beginning balance Intervention (Intervention (In	а	Public exhibition	d	I 🔄 Loa	n or excha	ange progra	ım					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? PartIV Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21. Amount test organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 C Beginning balance test organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII PartIV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Begrinning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Three years back (e) Four years back (d) Grave ros facilities and programs (c) Arrangement is part XIII. Check here if the explanation in facilities a d programs (c) Arrange year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (d) Three years back (d) Current year (d) Prior years (d) Arrange year (d) Arrang	b	Scholarly research	е	Oth	er							
During the year, did the organization solicit or receive donations of art. historical tressures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection? Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21. Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X It was a many to the the organization answered "Yes" on Form 990, Part X It was a many to the organization and the organization answered "Yes" on Form 990, Part X It was a many to the organization and the organization answered "Yes" on Form 990, Part X It was a many to the organization and the organization answered "Yes" on Form 990, Part X It was a many to the organization and the organization answered "Yes" on Form 990, Part X It was a many to the organization and the organization answered "Yes" on Form 990, Part X It was a many to the organization and the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization answered "Yes" on Form 990, Part X It was a many to the organization and programs	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It	4	Provide a description of the organization's co	ollections and explair	n how they f	urther the	organizatio	n's exem	npt purpos	se in Part	XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII on the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII on the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII on the following table: Image: Contributions during the year Image: C	5									_		_
reported an amount on Form 900, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Pert V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Pert V Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Administrative express										_		No
on Form 990, Part X2 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Didt broganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (e) Current year (b) Prior year (c) Two years back if (e) Three years back if a diministrative schemathyse a Bedginning of year balance (e) Current year end balance (line 1g, column (a) held as: a bacrd designated or quasi-endowment \	Par			ete if the org	ganization	answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for cont	tributions	or other ass	ets not i	ncluded				
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Ves' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Ves' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current vear (b) Prior vear (c) Iwo years back (d) Three years back 1a Beginning of year balance (a) Current vear (b) Prior vear (c) Iwo years back (d) Three years back 1a Beginning of year balance (a) Current vear (b) Prior vear (c) Iwo years back (d) Three years back 1b Contributions (d) Three years back (e) Four years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Iwo years back (e) Four years back (e) Four years back 1b Contributions		on Form 990, Part X?								Yes		No
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f Ending balance	d	Additions during the year						1d				
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(a) Current year (b) Prior year (c) Two years back (c) Two years b												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Far	Endowinent Funds. Complete										
b Contributions			(a) Current year	(b) Prior	year	(c) Two year	'S back	(d) Three y	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses												
d Grants or scholarships	D											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations b ff "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements 132, 564. 129, 589. 2, 975. d Equipment 217, 198. 88, 618. 128, 580.	C In											
and programs												
f Administrative expenses	е											
g End of year balance	4											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% (i) Unrelated organizations (ii) Related organizations (iii) Related organizations is di(ii) □ 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Accumulated depreciation			ent year end balance	line 1 a ca	lumn (a))	hold as:						
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (other) Description of property (a) Cost or other (b) Cost or other b Buildings 132, 564. c Leasehold improvements 217, 198. 88, 618. 128, 580. e Other 0ther 101. 101. 101.			-	%	Julii (a))							
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Cost or other (iii) Cost or othe												
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated depreciation (d) Book value (d) Book value (e) Cother (f) Cost or other (f) Book value (f)	3a			tion that are	e held and	administer	ed for the	e organiza	ation			
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (other) c) Accumulated		-								3a(i)		
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c Leasehold improvements 132,564. 129,589. 2,975. d Equipment 217,198. 88,618. 128,580. e Other 101,155												
d Equipment 217,198. 88,618. 128,580.	с						1					
e Other					217	,198.		88,63	18.	128	3,5	80.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	3), line 10	c.)				132	1,5	55.

Schedule D (Form 990) 2020

032052 12-01-20

(a) Description of security of category inclusing rare or security (b) Book value (c) Method of valuation: Cost or end of year market value (b) Clockly hide equity interests (c) (c) (c) (d) (c) (c) (c) (e) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c)		Complete if the organization answered "Yes" of	on Form 990. Part IV, line	e 11b, See Form 990. Part X. line 12	
(2) Closely held equity interests	(a) Desc				d-of-year market value
(2) Closely held equity interests	(1) Finan	cial derivatives			
(A) (A) (B) (A) (C) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C)	(2) Close				
(B) (C) (C) (C) (D) (C) (E) (C) (E) (C) (G)					
(C) (C) (D) (C) (E) (C) (F) (C) (G)	(A)				
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(E) (G) (F) (G) (G)	(C)				
(F)	(D)				
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(h) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (c) (a) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(F)				
Total: (c) (b) must equal form 990, Part X, col. (B) line 12) ▶ Part Vill Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Each Vill (c) (b) must equal form 990, Part X, col. (B) line 13.) Part IV, line 11c. See Form 990, Part X, line 15. (a) Description (b) Each Vill (c)	(G)				
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (9) (c) (1) (c) (2) (c) (6) (c) (7) (c) (6) (c) (7) (c) (7)	(H)				
Complete If the organization answered 'Yes' on Form '990, Part IV, line 11c. See Form '990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (c) (a) (c) (c) (a) (c) (c) (b) (c) (c) (c) (c) (c) (d) (c) (c) (e) (c) (c) (f) (c) (c) (g) (c) (c) (g) (c) (c) (g) (c) (c) (a) (c) (c) (g) (c) (c) (e) (c) (c) (f)	Total. (Col	. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Part V	III Investments - Program Related.			
(1) (2) (3) (4) (6) (6) (7) (7) (8) (9) (9) (1) (9) (1) (9) (1) (1) (2) (1) (2) (3) (2) (3) (2) (3) (2) (3) (3) (4) (9) (1) (2) (3) (2) (3) (3) (4) (4) (5) (6) (6) (2) (7) (3) (8) (9) (9) (1) (9) (1) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (1) (2) (3) (4) (1) (2) (3)					
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(9)	(1)				
(4) (5) (6) (7) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (9) Part IX Other Assets. Complete if the organization answerd "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (3) (4) (6) (6) (7) (7) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) line 15.) (b) Book value (1) (a) Description of liability (b) Book value (1) (b) Book value (c) (3) (b) Book value (c) (6) (c) (c) <td>(2)</td> <td></td> <td></td> <td></td> <td></td>	(2)				
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)►					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)►					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)►					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

X

Sche	dule D (Form 990) 2020 THE OPEN DOOR			27-(0415900	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With				<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,139	,825.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	16,800.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,800.</u>
3	Subtract line 2e from line 1			3	7,123	<u>,025.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)						,025.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	leturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,957	<u>,215.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	16,800.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	16	<u>,800.</u>
3	Subtract line 2e from line 1			3	5,940	<u>,415.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	5,940	,415.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

THE OPEN DOOR IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE AND APPLICABLE STATE STATUES AND IS GENERALLY NOT
SUBJECT TO INCOME TAXES. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS
NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE. CHARITABLE
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.
THE OPEN DOOR FOLLOWS THE INCOME TAX STANDARD REGARDING THE RECOGNITION
AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. OPEN DOOR'S TAX RETURNS ARE
SUBJECT TO REVIEW BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS

NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

032054 12-01-20

Supplemental mornation (continued)	
	Schedule D (Form 990) 2020

032055 12-01-20

15500527 131839 053-130186-00

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service		Comp	_	Attach to For rs.gov/Form990 for	m 990.			2020 Open to Public Inspection
Name of the organization	THE OPEN	DOOR						Employer identification number $27-0415900$
Part I General Inform	nation on Grants a	nd Assistance						
	d the grants or assis	stance?	-			for the grants or assis		
Part II Grants and Ot	her Assistance to	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipient that r	eceived more than S	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.		1	1
1 (a) Name and addres or govern		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of 3 Enter total number of	f other organization	s listed in the line 1	table					Calestels L/(Farm 000) 0000

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

Schedule I (Form 990) 2020

THE OPEN DOOR

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
N-KIND FOOD ASSISTANCE	197244	0.	4,747,846.	FMV	FOOD ASSISTANCE

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PROVIDES NON-CASH ASSISTANCE TO INDIVIDUALS IN THE FORM OF

FOOD ASSISTANCE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2020 Open to Public Inspection

Name of the	organization

Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Employer identification number 27-0415900

THE OPEN DOOR

►

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	its
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		400.	RETAIL PRIC	Ε	
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4	7,795.	SALE PRICE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	1,585	4,667,528.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	33, Part V, D	onee Acknowledg	ement		C)
						Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?	·				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties contributions?		-			32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is cheo	cked,		
-	describe in Part II.				,		
	For Denominaria Deduction Act Nation and				O a la salada M		

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

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020 THE OPEN DOOR Part II Supplemental Information. Provide t

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS ON PART I, COLUMN

в.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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. ▶ Go to www.irs.gov/Form990 for the latest information.



THE OPEN DOOR

Employer identification nu 27-0415900

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE OPEN DOOR INCREASED OUR MOBILE DISTRIBUTION NETWORK BY PROVIDING

Supplemental Information to Form 990 or 990-EZ

FOOD THROUGH ADDITIONAL LARGE SCALE DRIVE THROUGH FOOD DISTRIBUTIONS.

MOBILE LUNCH BOX EXPANDED TO A YEAR ROUND DISTRIBUTION MODEL. CHANGES

WERE MADE TO MEET THE NEEDS CREATED BY THE PANDEMIC AND ITS EFFECTS ON

OUR LOCAL POPULATIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS SHALL HAVE AT LEAST ONE MEMBER FROM EACH OF THE FOLLOWING CONGREGATIONS: MOUNT CALVARY LUTHERAN CHURCH, EAGAN TOWNSHIP; ST. JOHN NEWMAN CATHOLIC CHURCH, EAGAN; AND EASTER LUTHERAN CHURCH, EAGAN.

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

THE BOARD TREASURER SUBMITS THE FINANCIAL STATEMENTS AND GENERAL LEDGER DETAILS TO THE EXTERNAL ACCOUNTING FIRM TO PREPARE THE FORM 990. AFTER THE RETURN IS PREPARED, IT IS REVIEWED BY THE BOARD TREASURER. THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. THE FINAL VERSION OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS BY THE TREASURER PRIOR TO SUBMISSION.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO THE BOARD OF DIRECTORS AND ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION. DISCLOSURE INVOLVING DIRECTORS, OFFICERS, AND ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION SHOULD BE MADE TO THE PRESIDENT (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE VICE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 36

15500527 131839 053-130186-00

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE OPEN DOOR	Employer identification number $27-0415900$
PRESIDENT), WHO SHALL BRING THE MATTER TO THE ATTENTION OF	THE BOARD. THE
BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE	CASE OF AN
EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MA	Y BE AUTHORIZED
AS JUST, FAIR, AND REASONABLE TO THE ORGANIZATION. THE DEC	ISION OF THE
BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION.	THE PERSON WITH
THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION A	ND APPROVAL OF
SUCH TRANSACTION. SUCH DELIBERATIONS AND DECISIONS ARE DOC	UMENTED IN THE
MEETING MINUTES. THE CONFLICT OF INTEREST IS REVIEWED AND	SIGNED BY THE
BOARD MEMBERS AND EMPLOYEES ANNUALLY.	

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

THE SALARY FOR THE EXECUTIVE DIRECTOR WAS DETERMINED ON THE BASIS OF RESEARCH OF COMPARABLE DATA FROM THE MINNESOTA COUNCIL OF NON PROFITS AND OTHER SOURCES REVIEWED BY THE PERSONNEL COMMITTEE. THE RECOMMENDED SALARY WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL AS CONTEMPERANEOUSLY DOCUMENTED AND LAST TOOK PLACE IN 2020.

SALARIES FOR STAFF WERE DETERMINED ON THE BASIS OF RESEARCH OF COMPARABLE DATA FROM THE MINNESOTA COUNCIL OF NON PROFITS AND OTHER SOURCES REVIEWED BY THE PERSONNEL COMMITTEE. THE RECOMMENDED SALARIES WERE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL AS CONTEMPERANEOUSLY DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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