THE OPEN DOOR 3910 RAHN ROAD EAGAN, MN 55122

MINNESOTA ATTORNEY GENERALS OFFICE CHARITIES DIVISION 445 MINNESOTA STREET, SUITE 1200 ST. PAUL, MN 55101-2130

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

C2

Website Address: www.ag.state.mn.us/charity	(Pursuant to Mir									
SECTION A: Organization Info	rmation									
Legal Name of Organization <u>THE</u>	OPEN DOOR									
Federal EIN: 27-0415900		Fiscal Year-End: 12312020 mm/dd/yyyy								
		Did the organization's fiscal year-er	nd change? Yes X No							
Mailing Address: KRIS ALBRIGHT		Physical Address: KRIS ALBRIGHT								
Contact Person 3910 RAHN ROAD	1000	Contact Person 3910 RAHN ROAD								
Street Address EAGAN, MN 55122		Street Address EAGAN, MN 55122								
City, State, and ZIP Code 651-688-3189		City, State, and ZIP Code 651-688-3189								
Phone Number KRISA@THEOPENDOORPA	NTRY.ORG	Phone Number KRISA@THEOPENDOORI	PANTRY.ORG							
Email Address		Email Address								
Organization's website: <u>WWW • T</u>	HEOPENDOORPANTRY.	ORG								
2. List all of the organization's alternate	e and former names (attach list if mo	ore space is needed).	Alternate Former							
Marie Control of the	Shirt Market W.		Alternate Former							
List all names under which the organ THE OPEN DOOR	nization solicits contributions (attacl	n list if more space is needed).								
	(FI)									
4. Is the organization incorporated pur	suant to Minn. Stat. ch. 317A?	X Yes No								
5. Total amount of contributions the or	ganization received from Minnesota	donors:	\$7,079,968.							
6. Has the organization's tax-exempt s Yes X No If yes,	tatus with the IRS changed? attach explanation.									
7. Has the organization significantly ch		•								

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or governing. Yes X No If yes, attach explanation.	nment agency?						
9.	Does the organization use the services of a professional fundraiser (outside solicitor or of solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to						
	Name of Professional Fundraiser	Compensation						
	Street Address	City, State, and ZIP Code						
10.	0. Is the organization a food shelf?							
11.	Do any directors, officers, or employees of the organization or its related organization(s) compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:	receive total						
	Name and title	Compensation*	Other compensation					
	JASON VIANA EXECUTIVE DIRECTOR	102,944.	203.					
	*Compensation is defined as the total amount reported on Form W.C. (Dov. 5) 5	OOG MICC (Day 7)	Laurence de la constance de la					
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10	• •						

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3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME		
1.	Contributions Received	\$	1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	
4.	Other Revenue	\$	
5.	TOTAL INCOME	\$	
EXPE	ENSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	
8.	Fund-raising Expenses	\$	
9.	TOTAL EXPENSES		9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSE	ETS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	
13.	Other Assets	\$	
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	
17.	Other Liabilities	\$	
18.	TOTAL LIABILITIES	\$	18
FUNI	D BALANCE/NET WORTH	\$	
(Line 1	4 minus Line 18)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and			1	
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
	Payroli taxes				
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
_	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
	Advertising and promotion				
	Office expenses				
14.	Information technology				
	Royalties				
	Occupancy			 	
17.	Travel		 	 	
	Payments of travel or entertainment expenses		 		
10.			İ		B
19.	for any federal, state, or local public officials		 		
	Conferences, conventions, and meetings				
20.	Interest Payments to affiliates				
	Payments to affiliates Depresisting depletion and amortization				
22.	Depreciation, depletion, and amortization				
23.	Insurance Characteristics are as a second				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
<u>a.</u>					
<u>b.</u>					
<u>C.</u>					
<u>d.</u>					
<u> 25.</u>	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				111

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment
The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.
We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the - President (Title) and - Treasitive Constituted officers of this organization, being the
- tresident (Title) and - Treasurer (Title) respectively, and
that we execute this document on behalf of the organization pursuant to the resolution of the
Board of Directors (Board of Directors, Trustees, or Managing Group) adopted on the
day of MCUY 20 ZI, approving the contents of the document, and do hereby certify that the
Reard of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.
- Grol Wirsbinski - Scott Lanners
Carol Winsburski
- Can Ol Johnson
- President - Treasing
Title
06/01/21 6-2-21
Darks Darks

THE OPEN DOOR FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2020 AND 2019



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WEALTH ADVISORY
OUTSOURCING
AUDIT, TAX, AND
CONSULTING

THE OPEN DOOR TABLE OF CONTENTS YEARS ENDED DECEMBER 31, 2020 AND 2019

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INDEPENDENT AUDITORS' REPORT

Board of Directors The Open Door Eagan, Minnesota

We have audited the accompanying financial statements of The Open Door (a nonprofit organization), which comprise the balance sheets as of December 31, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Board of Directors The Open Door

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Open Door as of December 31, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

CliftonLarsonAllen LLP

Clifton Larson Allen LLP

Minneapolis, Minnesota May 24, 2021

THE OPEN DOOR BALANCE SHEETS DECEMBER 31, 2020 AND 2019

ASSETS	1	2020	-	2019
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	\$	1,482,858	\$	299,261
Accounts Receivable	•	3,250	Ψ	11,000
Inventory		154,011		99,156
Prepaid Expenses		11,400		8,707
Total Current Assets		1,651,519		418,124
LONG-TERM ASSETS				
Property, Plant, and Equipment, Net		131,555		84,043
Total Assets	_\$_	1,783,074	\$	502,167
LIABILITIES AND NET ASSETS				,
CURRENT LIABILITIES				
Accounts Payable	\$	23,539	\$	7,702
Accrued Liabilities		36,812		37,418
Deferred Rent Current		8,133		8,987
PPP Loan		92,900		<u> </u>
Total Current Liabilities	0:	161,384		54,107
LONG-TERM LIABILITIES				
Deferred Rent Long-Term	_		3	8,980
Total Liabilities		161,384		63,087
NET ASSETS				
Without Donor Restrictions		1,621,690	8	439,080
Total Liabilities and Net Assets	\$	1,783,074	_\$	502,167

THE OPEN DOOR STATEMENTS OF ACTIVITIES YEARS ENDED DECEMBER 31, 2020 AND 2019

a		52,713 24,220 (2,255)	105	279 774	158	96,520	260	080
	Total	962,713 2,024,220 (2,255)	2,571,105	174,279 142,774	2,888,158	96	342,560	439,080
	J	σ				_	l	ω <u> </u>
2019	With Donor Restrictions	(943)		(6) E	6	(943)	943	
20	With Restr	↔						↔
	Donor tions	962,713 2,024,220 (2,255) 943	2.571.105	174,279 142.774	2,888,158	97,463	341,617	439,080
	Without Donor Restrictions	2,02,	2.57	<u></u>	2,88	ັດ	34	
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	Total	2,468,840 4,667,928 3,057	5,485,847	275,543 195,825	5,957,215	1,182,610	439,080	1,621,690
		& C 4	, io		5,5	-		\$ 1.6
	nor ons		900	6 3		а	ael	ď
2020	With Donor Restrictions							
	> &	↔					l	₩.
	Without Donor Restrictions	2,468,840 4,667,928 3,057 7,130,825	5 485 847	275,543	5,957,215	1,182,610	439,080	21,690
	Without Donc Restrictions	4,66	, , , ,	27.	5,96	1,18	4	\$ 1,621,690
	-	, ,			1 1		1	°7
		iction	b					
		: Restr		_			ear	AR
		rENUE st st st defront	2 0	enera	S	SETS	ng of Y	OF YE
		D REV	uppoir Virgo	t and G	xpense	ET AS	eginnir	- END
		UPPORT AND REVENUE Contributions In-Kind Contributions Other Income (Loss) Net Assets Released from Restriction	XPENSES Drogram Services	Management and General	Total Expenses	N N	ets - B	SETS
		SUPPORT AND REVENUE Contributions In-Kind Contributions Other Income (Loss) Net Assets Released from	EXPENSES Drogram S	Managemen	5	CHANGE IN NET ASSETS	Net Assets - Beginning of Year	NET ASSETS - END OF YEAR
		U)	ш			J	_	~

THE OPEN DOOR STATEMENTS OF FUNCTIONAL EXPENSES YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020						2019									
		gram vices		nagement d General	Fu	ndraising _	Fun	otal ctional enses		Program Services		nagement I General	Fu	ındraising		Total unctional xpenses
EXPENSES																
In-Kind Food Assistance	\$ 4,7	47,846	\$		\$	-1	\$ 4,	747,846	\$	2,072,776	\$		\$	-	\$	2,072,776
Compensation	3	62,390		76,007		171,856	(310,253		254,501		63,126		118,380		436,007
Payroll Taxes		28,575		13,451		15,422		57,448		22,790		5,336		10,601		38,727
IRA Plan Contributions		4,287		4,188		1,692		10,167		4,517		1,057		2,101		7,675
Occupancy	1	86,237		22,266		-9	2	208,503		134,236		19,953		-		154,189
Office Expenses		58,739		74,451		1,710	•	134,900		29,182		35,358		5,874		70,414
Depreciation		30,636		446		7.0		31,082		24,461		1,927		-		26,388
Insurance		9,622		11,899		200		21,521		6,745		11,180		-		17,925
Travel		9,027		836		-		9,863		7,942		2,124		-		10,066
Garden to Table		4,545		-		•		4,545		5,692				-17		5,692
Technology		5,444		5,368		*		10,812		4,342		1,466				5,808
Conferences, Conventions,																
and Meetings				427				427		-31		858		-		858
Program Outreach/Recognition		1,000		22,710		2,309		26,019		876		5,491		3,798		10,165
Accounting Fees		•		10,790		=		10,790		-		10,259		-		10,259
Legal Fees				1,100		-		1,100		20				-		-
Mobile Pantry		31,421		4.		145		31,421		-				-		90
Advertising		*		11,478		336		11,814		-1		268		801		1,069
Miscellaneous		5,717		12,797		-		18,514		1,337		7,957		12		9,306
Other Professional Fees	-	361		7,329	-	2,500	_	10,190	_	1,708	_	7,919	_	1,207		10,834
Total Expenses	<u>\$ 5,4</u>	85,847	<u>\$</u> _	275,543	\$	195.825	<u>\$ 5</u> ,9	57,215	\$	2,571,105	\$	174 279	\$	142,774	\$	2,888,158

THE OPEN DOOR STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020			2019
CASH FLOWS FROM OPERATING ACTIVITIES				
Change in Net Assets	\$	1,182,610	\$	96,520
Adjustments to Reconcile Change in Net Assets to Net				
Cash Provided by Operating Activities:				
Depreciation and Amortization		31,082		26,388
(Gain) Loss on Disposal of Property and Equipment		(1,000)		4,166
Accounts Receivable		7,750		4,979
Inventory		(54,855)		(30,586)
Prepaid Expenses and Other Assets		(2,693)		7,075
Inventory		(.01
Accounts Payable		15,837		(3,252)
Accrued Expenses and Other Liabilities		(606)		10,767
Deferred Rent		(9,834)		(6,783)
Net Cash Provided by Operating Activities		1,168,291	2	109,274
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of Property and Equipment		(78,594)		(24,964)
Proceeds from Sale of Property and Equipment		1,000		501
Donated Investments		1 5 1		2,435
Net Cash Used by Investing Activities		(77,594)	1	(22,028)
NET INCREASE IN CASH AND CASH EQUIVALENTS		1,183,597		87,246
Cash and Cash Equivalents - Beginning of Year		299,261	a <u></u>	212,015
CASH AND CASH EQUIVALENTS - END OF YEAR	_\$_	1,482,858	\$	299,261

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization

The Open Door (the Organization) is a hunger relief organization dedicated to ending local hunger through access to healthy food. Through its collective programs, The Open Door serves low-income, food-insecure individuals and families who live in Dakota County and and distributed over 2.5 million pounds of food in 2020, more than half of which is fresh and/or perishable. Clients are able to access healthy food choices through a fixed-site food pantry in Eagan, multiple Mobile Pantry sites, the Mobile Lunchbox, and the Garden to Table program.

Financial Statement Presentation

Net assets, support, revenue, expenses, gains, and losses are classified based on donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Resources over which the board of directors has discretionary control.

Net Assets With Donor Restrictions – Net assets subject to donor restrictions that will be satisfied either by the passage of time or by actions of the Organization. Some donor restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Organization has no net assets with donor restrictions as of December 31, 2020 and 2019.

Cash and Cash Equivalents

The Organization considers all highly liquid instruments with original maturities of three months or less to be cash equivalents.

Accounts Receivables

Accounts receivables that are expected to be collected within one year are recorded at their net realizable value. Receivables that are expected to be collected in future years are recorded at the present value of the amount expected to be collected. Accordingly, the Organization accounts for uncollectible accounts by the reserve method, which is based on management's judgment considering historical information. At December 31, 2020 and 2019, the allowance was \$-0-.

<u>Inventory</u>

Inventory consists of food shelf inventory. Food shelf inventory represents perishable and nonperishable food and other consumer products on hand at year-end. Items have either been purchased by The Open Door or donated. At December 31, 2020 and 2019, items are valued at an average cost per pound of \$1.59 and \$1.01, respectively.

Estimated value of the pounds of food distributed to clients from the food shelf for the years ended December 31, 2020 and 2019 totaled \$4,154,782 and \$1,716,585 and the estimated value of in-kind contributions of food totaled \$4,667,681 and \$2,020,572, respectively.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment

Property and equipment are stated at cost or fair value if contributed. Individual items costing more than \$1,500 are capitalized. Depreciation expense is computed using the straight-line method over estimated useful lives.

Contributions

Grants and contributions received are recorded as without donor restrictions or with donor restrictions depending on the existence and/or nature of any donor restrictions. Contributions are recognized at fair value when the donor makes a promise to give to the Organization that is, in substance, unconditional. Conditional promises to give are recorded when the condition has been satisfied.

Grants and contributions that are restricted by the donor are reported as increases in net assets without donor restrictions only if the restrictions are satisfied during the year in which the contributions were recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction is satisfied, net assets with donor restrictions are released to net assets without donor restrictions.

Revenue Recognition

Revenue related to special programs is recognized at the time the programs take place or the services are performed. Revenue that is received for future periods is recorded as deferred revenue and recognized in the periods to which the service relates.

In-Kind Donations

Contributions of noncash assets (materials, equipment, and services) are recorded at their fair values in the period received. During the years ended December 31, 2020 and 2019, the Organization received donated food inventory of \$4,667,681 and \$2,020,572, respectively.

Allocation of Expenses

The Organization's costs of providing its various services have been classified on a program basis in the statements of activities. Accordingly, certain costs have been allocated among the program and support services benefited. Expenses are charged directly to programs and support services where possible. Remaining expenses are allocated based on actual time spent on programs and support services.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Organization is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (IRC) and applicable state statutes and is generally not subject to income taxes. It has been classified as an organization that is not a private foundation under the IRC. Charitable contributions by donors are tax deductible.

The Organization follows the income tax standard regarding the recognition and measurement of uncertain tax positions. The Organization'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.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through May 24, 2021, the date the financial statements were available to be issued.

NOTE 2 LIQUIDITY

The Organization manages its cash available to meet general expenditures following three guiding principles:

- Operating within a prudent range of financial soundness and stability,
- Maintaining adequate liquid assets, and
- Maintaining sufficient reserves to provide reasonable assurance that mission fulfillment will continue to be met, ensuring the sustainability of the Organization.

The Organization's board of directors approve an annual budget and work in concert with the Finance Committee who monitors financial activities and cash flow on a monthly basis. The Organization strives to maintain financial assets available to meet general expenditures at a level that allows for a positive annual cash flow with the long-term goal of beginning each fiscal year with 120 days cash on hand.

NOTE 2 LIQUIDITY (CONTINUED)

The table below presents liquid financial assets available for general expenditures within one year at December 31:

		2020		2019	
Financial Assets at Year-End:	.,		**		
Cash and Cash Equivalents	\$	1,482,858	\$	299,261	
Accounts Receivable		3,250		11,000	
Liquid Financial Assets Available to Meet	·		-		
General Expenditures Within One Year	_\$_	1,486,108	_\$	310,261	

NOTE 3 ACCOUNTS RECEIVABLE

As of December 31, 2020 and 2019, the Organization had accounts receivable balances of \$3,250 and \$11,000, respectively, and these were fully expected to be collected within the next 12 months. Accordingly, the Organization has an allowance for doubtful accounts of \$-0- as of December 31, 2020 and 2019, and has determined that no discount is necessary.

NOTE 4 PROPERTY AND EQUIPMENT

Property and equipment at December 31 consists of the following:

			2019	
Leasehold Improvements	\$	132,564	\$	132,564
Vehicles		122,974		90,953
Equipment		88,444		63,520
Software		5,780		5,780
Total Property and Equipment	-	349,762	8	292,817
Less: Accumulated Depreciation	N.	(218,207)	70	(208,774)
Property and Equipment, Net	\$	131,555	\$	84,043

Depreciation expense was \$31,082 and \$26,388 for the years ended December 31, 2020 and 2019, respectively.

NOTE 5 PAYCHECK PROTECTION PROGRAM LOAN

On April 20, 2020, the Organization received a loan in the amount of \$92,900 to fund payroll, rent, and utilities through the Paycheck Protection Program (the PPP loan). The PPP loan bears interest at a fixed rate of 1.0% per annum, has a term of two years, and is unsecured and guaranteed by the U.S. Small Business Administration (SBA). These funds may be forgiven subject to compliance and approval based on the timing and use of these funds in accordance with the program. At December 31, 2020, the Organization classified the loan as a current liability on the statement of financial position.

Subsequent to year-end, the Organization applied for and received full forgiveness of the PPP loan on January 25, 2021.

NOTE 6 OPERATING LEASES

The Organization leases space for their food pantries in Eagan and Apple Valley. The Eagan lease expires September 30, 2021, and the Apple Valley lease expires March 31, 2021. Subsequent to year, the Organization signed a lease amendment for the Apple Valley location to extend the term through September 30, 2021. The Eagan and Apple Valley leases include escalating monthly payments. Because of this, deferred rent of \$8,133 has been recorded as of December 31, 2020.

The Organization also entered into a vehicle lease in 2020 with a 60-month term and \$1,700 monthly minimum lease payments due through July 31, 2025.

In addition, the Organization receives free administrative office rent in the amount of \$1,400 per month. In 2018, the Organization also entered into a 48-month operating lease for office equipment for \$99 per month. In 2019, an additional 48-month operating lease for office equipment was signed for \$82 per month.

Rent expense for the years ended December 31, 2020 and 2019 was \$182,949 and \$124,325, respectively, including charges for common area maintenance.

Future minimum lease commitments are as follows:

Year Ending December 31,	Amount		
2021	\$ 92,34		
2022		22,278	
2023		21,387	
2024		20,482	
2025		11,900	
Total	\$	168,391	



Form **990**

Department of the Treasury

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. Inspection

OMB No. 1545-0047 Open to Public

A For the 2020 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number THE OPEN DOOR Name change 27-0415900 Doing business as 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 651-688-3189 termin-ated City or town, state or province, country, and ZIP or foreign postal code 7,123,025. G Gross receipts \$ Amended return EAGAN, MN 55122 H(a) Is this a group return Applica-F Name and address of principal officer: CAROL WIRSBINSKI for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW. THEOPENDOORPANTRY. ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2009 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: A FRESH APPROACH TO ENDING LOCAL Governance HUNGER THROUGH ACCESS TO HEALTHY FOODS. 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) 11 Number of independent voting members of the governing body (Part VI, line 1b) 11 4 Activities & 19 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) 1448 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,963,381. 7,119,968. 9 Program service revenue (Part VIII, line 2g) 1,095. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3,351. 3,003. 9,409. 54. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,970,534. 7,123,025. 2,072,526. 4,747,846. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 482,409. 677,868. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 319,079. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 514,701. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,874,014. 5,940,415. 96,520. 1,182,610. Revenue less expenses. Subtract line 18 from line 12 5 **Beginning of Current Year End of Year** 502,167. 1,783,074. 20 Total assets (Part X, line 16) 63,087. 161,384. 21 Total liabilities (Part X, line 26) E 439,080. 1,621,690. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. STATE COPY Signature of officer Sign CAROL WIRSBINSKI, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature RACHEL FLANDERS Paid RACHEL FLANDERS 05/27/21 P01591790 Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN - 41-0746749 Firm's address 220 S 6TH STREET, SUITE 300 Use Only MINNEAPOLIS, MN 55402 Phone no. 612-376-4500 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Form 990 (2020) THE OPEN DOC 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ 1		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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			v
	Schedule D, Part III	_ 8_		<u>X</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?			37
	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			77
	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, VIII, IX, or X	110		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI and XII	12a	X	<u></u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			١
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	<u> </u>
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Part IV Checklist of Required Schedules (continued)

	, and the same of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	INO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			_
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			,
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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):		11.0	
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			Į,
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			
		8	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b ()		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-39
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ь	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have 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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			HTH)
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1. 5
11	Section 501(c)(12) organizations. Enter:			HY
а	Gross income from members or shareholders		3 4	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	5 9	100	-
	amounts due or received from them.)			N 0
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		-	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X

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If "Yes," complete Form 4720, Schedule O.

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

_	Check if Schedule O contains a response or note to any line in this Part VI		************	AAAAA X X X X X X X X X X X X X X X X X			X
Sec	tion A. Governing Body and Management						
		\$	69	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a_		11			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	nv other				
	officer, director, trustee, or key employee?		-		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
Ü	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4	-	X
							X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			8191 7	5	-	X
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•			- 1	.,	
	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
а	The governing body?		*****************	.v.	8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies $_{(This\ Section\ B\ requests\ information\ about\ policies\ not\ required\ by\ the\ Internal\ Re$	venue	Code)				
	THE SASSET A LOGGEST WATHER HERE MAINTAINED AND THE HEALTH IN THE	13111111				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
_			, amiatos,		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	Х	_
11a		y Deloi	e ming the form	lf -	Ha		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	-
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	, -					
	in Schedule O how this was done				12c	<u>X</u>	
13	Did the organization have a written whistleblower policy?	*******			13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	•	dependent		- 0		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	0.76560.7760			15a	X	
ь	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangel	nent w	vith a				
	taxable entity during the year?			2000	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					T	
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•		e vi		17-F
	The state of the s				16b		
Sec	exempt status with respect to such arrangements?	*******	********************		100		
	List the states with which a copy of this Form 990 is required to be filed MN				_		
17		nd 000) T /Caatian 501	(0)(0):	ال الم	!I	la la
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 99(J-1 (Section 501	(C)(3)S	oniy)	availa	ıDIE
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest polic	y, and	finan	cial	
	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 bo	oks an	d records				
	KRIS ALBRIGHT - 651-789-1440						
	3910 RAHN ROAD, EAGAN, MN 55122						
					_	000	

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

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

THE OPEN DOOR

Form 990 (2020)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more			more than one		Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation	
	hours for	ır dire				ted		organization	(W-2/1099-MISC)	from the	
	related	stee 0	ruste		a.	pensa		(W-2/1099-MISC)		organization	
	organizations below	ual tru	ional		ploye	1 com				and related organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
JASON VIANA	40.00										
EXECUTIVE DIRECTOR				Х				102,944.	0.	203.	
JEN JOLY	1.00										
PRESIDENT		X		Х				0.,	0.	0.	
CAROL WIRSBINSKI	1.00										
VICE PRESIDENT	1 00	Х	_	X	_	<u> </u>		0.	0	0.	
TINA AREND	1.00	x		x				0.	0.	0	
SECRETARY SCOTT LANNERS	1.00	╇	 	Δ	\vdash	╁	_	0.	0.	0.	
TREASURER	1.00	x		x				0.	0.	0	
SARA ANDERSON	1.00	1	1	1		t					
BOARD MEMBER	-	X				1		0.	0.	0.	
KIM CHRISTIANSON	1.00	T									
BOARD MEMBER		X						0.	0.	0,	
MICHAEL MANGOLD	1.00										
BOARD MEMBER		X	_		_	_		0 -	0.	0	
JENNIE MEINZ	1.00	4									
BOARD MEMBER	1 00	X	_		-	-	\vdash	0.	0.	0	
MIKE MILLER	1.00	$ _{\mathbf{x}}$						0.	0.	0	
BOARD MEMBER PASTOR KELLI WEISS	1.00	┿	\vdash	-	-	╁	⊢	0.	U	0,	
BOARD MEMBER	1.00	$ \mathbf{x} $	1					0.	0.	0	
MARY WORLEY	1.00	╀╾	T	T		T	T				
BOARD MEMBER		\mathbf{x}						0.	0.	0	
		T									
		1_									
		\perp		_	_	1					
	-	4									
		╄	1	\vdash	╁	+	+			-	
		+									
4		+	+	\vdash	T		\vdash				
		1									

Form 990 (2020)

053 - 1301

\$100,000	of compensation	from the	organization	

032008 12-23-20

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2020)

(A)

Name and title

d Total (add lines 1b and 1c)

Form 990 (2020) THE OPEN DOOR
Part VIII | Statement of Revenue

			Check if Schedule O contains a response or note to	anv line	in this Part VIII			ALL THE STREET
-			Check if Schedule O contains a response or note to	, m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f 7,119,9					
Ę B		~	Noncash contributions included in lines 1a-1f 1g \$4,667,9					
<u>ŏ</u> a	-	h	Total. Add lines 1a-1f		7,119,968.			
			Business	Code				
je	2	a b						
Program Service Revenue		C						
m		d						
Be		e						
P.		f	All other program service revenue					
			Total. Add lines 2a-2f	D		** TEV		
	3		Investment income (including dividends, interest, and					
			other similar amounts)	E .	2,003.			2,003.
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties (i) Real (ii) Pers	_ ▶				
	_	_		onai				
	6		Gross rents 6a Less: rental expenses 6b	-		1,895		New York
			Rental income or (loss) 6c				31	100
			Net rental income or (loss)	•				
			Gross amount from sales of (i) Securities (ii) Otl					
			assets other than inventory 7a 1,0	00.				1-1
		b	Less: cost or other basis					
e e			and sales expenses 7b	0 🔹		of the contract	- 1-1-1	10 mg 10 mg
Revenue			Gain or (loss) 7c 1,0					
8			Net gain or (loss)		1,000.			1,000.
Other	8	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18				1 5 30 47	
			Less: direct expenses8b	71.5				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See				- 716 -	
			Part IV, line 19 9a					4 - 5 4
			Less: direct expenses 9b Net income or (loss) from gaming activities					
1	10		Gross sales of inventory, less returns					
	.5	a	and allowances 10a				2 34 1 9	
		b	Less: cost of goods sold 10b				W., 11 3.11 ¹ -	- 17 S - 18 S
			Net income or (loss) from sales of inventory	•				
(0			Business					
e e	11	а	MISCELLANEOUS INCOME 9000	99	54.			54.
lane	Ŕ	b						
Rev		C						
Miscellaneous Revenue			All other revenue		54.		-	
_	12		Total. Add lines 11a-11d Total revenue, See instructions		7,123,025.	0.	0.	3,057.
	12		Total Totaliae, Goo managnona		. / 125/025		0.	5,057.

2020.03050 THE OPEN DOOR

Form 990 (2020) THE OPEN DOOR Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl			plete column (A).	
\ <u></u>	Check if Schedule O contains a respons	(A)	nis ⊬art ix (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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)	1			
7	Other salaries and wages	507,308.	337,477.	34,619.	135,212.
8	Pension plan accruals and contributions (include	30,73000	33772774	31/0230	100,111
0	section 401(k) and 403(b) employer contributions)	9,964.	4,226.	4,127.	1,611.
9	Other employee benefits	J, JUE:	=,220.	=,+47.	1,011.
_		57,448.	28,575.	13,451.	15,422.
10	Payroll taxes	37,440.	20,373.	13,431.	13,422.
11	Fees for services (nonemployees):				
a		1,100.		1 100	
b	Legal			1,100.	
C		10,790.		10,790.	
d	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
е	, F				
f	Investment management fees				
g	` '	4 - 4			
	column (A) amount, list line 11g expenses on Sch 0.)	10,190.	361.	7,329.	2,500.
12	Advertising and promotion	11,814.		11,478.	336.
13	Office expenses	134,900.	58,739.	74,451.	1,710.
14	Information technology	10,812.	5,444.	5,368.	
15	Royalties				
16	Occupancy	191,703.	186,237.	5,466.	
17	Travel	9,863.	9,027.	836.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	427.		427.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,083.	30,636.	447.	
23	Insurance	21,521.	9,622.	11,899.	
24	Other expenses, Itemize expenses not covered				
24	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.)	والتعارب تعارب			
а	MOBILE PANTRY	31,421.	31,421.	0:•	0.
b		26,019.	1,000.	22,710.	2,309.
С	MISCELLANEOUS	18,513.	5,717.	12,796.	0.
d	GARDEN TO TABLE	4,545.	4,545.	0.	0.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,940,415.	5,491,818.	248,238.	200,359.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
03201	0 12-23-20				Form 990 (2020)

2020,03050 THE OPEN DOOR

		Check if Schedule O contains a response or n			(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					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		***************************************		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	•	·		6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			99,156.	8	154,011.
As	9	D 11			8,707.	9	11,400.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		349,762.			
	b	Less: accumulated depreciation		349,762.	84,043.	10c	131,555.
	11	Investments - publicly traded securities			0.	11	4,627.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, Iin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			502,167.	16	1,783,074.
	17	Accounts payable and accrued expenses	45,120.	17	60,351.		
	18	Grants payable		18			
	19	Deferred revenue	(1200)11,71917171007	45534457444444444444444	17,967.	19	8,133
	20	Tax-exempt bond liabilities		5454.5		20	
	21	Escrow or custodial account liability. Complet	e Part IV of S	chedule D		21	
တ္တ	22	Loans and other payables to any current or fo	rmer officer, o	director,			
Ě		trustee, key employee, creator or founder, sul	ostantial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons			22	
_	23	Secured mortgages and notes payable to unr	-			23	
	24	Unsecured notes and loans payable to unrela			0.	24	92,900
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). Co	mplete Part X			
		of Schedule D			C2 007	25	1.61 204
_	26	Total liabilities. Add lines 17 through 25			63,087.	26	161,384.
ø		Organizations that follow FASB ASC 958, o	heck here				
DCe.		and complete lines 27, 28, 32, and 33.			439,080.		1 621 600
ala	27				439,000.	27	1,621,690
р Р	28	Net assets with donor restrictions			0.	28	0.
5		Organizations that do not follow FASB ASC	, 9 58, cneck	nere			
o.		and complete lines 29 through 33.					
əts	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated	income, or o	ther funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		Management	439,080.	32	1,621,690

Form **990** (2020)

	990 (2020) THE OPEN DOOR	2/-04	T 2 3 0 0	rac	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			241	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,123	, 0:	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,940	, 4	15.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,182	, 6:	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	439	, 08	30.
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	, 6	90.
Pa	t 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		-/-		8.8
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
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			9 1
	separate basis, consolidated basis, or both:				10
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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				
	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 Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	_			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2020

Open to Public Inspection

Employer identification number

THE OPEN DOOR 27-0415900 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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
	Gifts, grants, contributions, and		* *		105.		
	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	1					
	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	10 10 10					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	1 1 1 1 1 1					
	amount shown on line 11,		1 1 2 2 2				
	column (f)						32,136.
6	Public support. Subtract line 5 from line 4.						17619641.
	tion B. Total Support						F.0130111
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2391954.	2373234.	2803646.	2962975.	7119968.	17651777.
8	Gross income from interest,		,				
	dividends, payments received on						
	securities loans, rents, royalties,	li li					
	and income from similar sources	1,468.	980.	581.	816.	2,003.	5,848.
9	Net income from unrelated business		5001	3021	0201	2,003.	3,010.
Ū	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				VIII - L. V	31.	17657679.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	80,194.
13	First 5 years. If the Form 990 is for the		0.0000000000000000000000000000000000000	fourth or fifth tax i	SELECTION DESCRIPTION .		00,131.
.0	organization, check this box and stop				•		
Sec	ction C. Computation of Publi				********************		
14	Public support percentage for 2020 (I			column (fl)		14	99.78 %
15	Public support percentage from 2019					15	97.54 %
	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						. 77
ь	33 1/3% support test - 2019. If the		ŭ				
~	and stop here. The organization qual	-		-		,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		ū	-
ь	10% -facts-and-circumstances test	-			,,	17a and line 15 is	
	more, and if the organization meets the	_				•	107001
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
10	Touridation, it the organization	and the check a	DOVOLUME TO TO	a, 100, 17a, 01 17			0 or 990-EZ) 2020
					0011		:

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.16			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	1					
	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				1		
_	80000000				-		*
5	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						
t) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						ľ
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						-1
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(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		1				
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	irst second third	fourth or fifth tax	year as a section !	501(c)(3) organizatio	
					•		
Se	check this box and stop herection C. Computation of Publi	c Support Per	rcentage		*************************		Yes and the co
_	Public support percentage for 2020 (I			column (fl)		15	%
16	Public support percentage from 2019		229	Signs	******************	16	%
	ction D. Computation of Inves			*****************		101	70
	Investment income percentage for 20			ing 12 column (fl)		17	0/
						18	<u>%</u>
	18 Investment income percentage from 2019 Schedule A, Part III, line 17						7:
198	33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
- 1		-				•	
	line 18 is not more than 33 1/3%, che					_	555 W 5155 S 555
20	Private foundation. If the organization	<u>in did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

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.)

je i	Yes	No
1		
2		
3a		-
1	10	
3b		
3c		
4-	4	
4a	100	
	42	
4b		
		X.
4c		
10		
16.		
5a	4-	
5b		
5c		-
	1.	
1.0		
6	-/	
7		
8		-
	4	
9a		
9b		
90		
Ille	9	
10a	9	
101		
n 990 or	990-EZ	2020

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family 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			
200	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations		Ī	
	Diddle accoming to the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		. 10	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			11 1
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			11
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		L	
	Section 19 - Market Control 19 Control (19		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
_	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	P		
	or management of the supporting organization was vested in the same persons that controlled or managed	100		F Y
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		7	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1	1
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	i er i		10
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	1	l
-				
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 c	The organization is the parent of each of its supported organizations. Complete line 3 below.	10	200	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	istructio	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	12		1 3 3
	those supported organizations and explain how these activities directly furthered their exempt purposes,			You
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b			100	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	140		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1 -
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying	to t	l 00 4070 /	
		ig trust on is	10V. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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	on 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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	on C - Distributable Amount		The Wall	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		3
7	Check here if the current year is the organization's first as a non-functional instructions).	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

Sect	on D - Distributions		***************************************		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt 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	s of supported organizations		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.	SA-5-28-01-1-ERO-NI WAY		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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) Underdistributio Pre-2020	ns	(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				
С	From 2017				
_ d	From 2018				
_ е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
_i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				10 - 70 - 11 -
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
c	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			100	
	and 4b from line 1. For result greater than zero, explain in	T			
	Part VI. See instructions.				
7 	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
_ a	Excess from 2016				
b	Excess from 2017				
_ c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D

(Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE OPEN DOOR

Employer identification number 27-0415900

Par	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		·
		(a) Donor adv	ised 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	writing that the assets	held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal contro	?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for	any other purpose co	nferring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y)	
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation cont	ribution in the form of	a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished,	or terminated by the o	rganization during the tax
	year -			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the per	= :	-	
•	violations, and enforcement of the conservation easements if			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations	, and entorcing consei	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	٠		
7	Amount of expenses incurred in monitoring, inspecting, hand	uling or violations, and	enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	in noting the requirem	anta of acetion 170/h)	(4\\D\);\
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
9	balance sheet, and include, if applicable, the text of the foots		•	
	organization's accounting for conservation easements.	note to the organization	in s ili anciai statemen	ts that describes the
Par		f Art, Historical T	reasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		, ,	
1a	If the organization elected, as permitted under FASB ASC 95		revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina	•	•	•
ь	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	•		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				USS .
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			•
а	Revenue included on Form 990, Part VIII, line 1	•		• \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020

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

032051 12-01-20

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) Cost or other (c) Accumulation (c) Ac

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		132,564.	129,589.	2,975.
d Equipment		217,198.	88,618.	128,580.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. colur	nn (B), line 10c.)	>	131,555.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	OR	Δ7	'-0415900 Page
Complete if the organization answered "Yes"	on Form 900 Part IV-line	11b Coo Form 000 Port V line 10	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Method of Valdation. Cost of off	d of year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			16.70
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(6)			
(6) (7)			
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(6) (7) (8) (9)			
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(8)	
Total (Column (h) must agual Form 000, Part V and (R) line 25	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

X

Sche	edule D (Form 990) 2020 THE OPEN DOOR)415900 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	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		
b	Donated services and use of facilities 2b 16,800		
С			
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	16,800.
3	Subtract line 2e from line 1		7,123,025.
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		
b	Other (Describe in Part XIII.)		
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.)	5	7,123,025.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,957,215.
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	4 100	
C	Other losses 2c	N. I	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	16,800.
3	Subtract line 2e from line 1		5,940,415.
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	111	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.

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.

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

PART X, LINE 2:

Part XIII Supplemental Information.

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.

5,940,415.

2020.03050 THE OPEN DOOR

Schedule D (Form 990) 2020 THE OPEN DOOR	27-0415900 Page 5
Part XIII Supplemental Information (continued)	
1927-2017-2017-	

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

		SILIO WWW.II S. GOV.	S. you'r of this so I o	a the latest mount	iation:		
Name of the organization THE OPEN DOOR	DOOR						Employer identification number $27-0415900$
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of th	to substantiate the	amount of the grants	or assistance, the o	grantees' eligibility	for the grants or ass	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?		A CONTRACT OF STREET,		885		X Yes No
줐	ocedures for monit	oring the use of grant t	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organiz	zations and Domestic	Governments. C	complete if the orga	anization answered "`	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000, Part II can	be duplicated if addition	onal space is need	ed.	(f) Method of	9	ALL Property of court
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Purpose of grant or assistance
	nd government org	ions lis	ted in the line 1 table	X24141111111111111111111111111111111111		Maria de la composição de	A (1997)
62	s listed in the line	Table					Schedule I (Form 990) 2020
LHA For Paperwork Reduction Act Notice, see the instructions for Form	, see me msu acu	OIIS IOI FUITII SSC.					

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Schedule I (Form 990) 2020

(Form 990) 2020 THE OPEN DOOR 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. PartIII

Page 2

27-0415900

(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
IN-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.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION PROVIDES NON-CASH ASSISTANCE TO INDIVIDUALS	ASSISTAN	CE TO INDI		IN THE FORM OF	
FOOD ASSISTANCE.					

Schedule I (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.▶ Attach to Form 990.

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

THE OPEN DOOR

Employer identification number 27-0415900

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 deter noncash contributio	_	
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 PRICE		
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						::1
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	ation durin	g the tax year for c	ontributions			
	for which the organization completed Form 828	33, Part V, I	Donee Acknowledg	jement 29		0	
				-		Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	orted in Part I, lines 1 throug	gh 28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	which isn't required to be u	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	oolicy that r	equires the review	of any nonstandard contribu	tions?	31	X
	Does the organization hire or use third parties						
_	contributions?		-		1.	32a	X
b	If "Yes," describe in Part II.				12. C. 2. 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Set Section	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,	180	
	describe in Part II.						To the

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

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE OPEN DOOR

Employer identification number 27-0415900

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE OPEN DOOR INCREASED OUR MOBILE DISTRIBUTION NETWORK BY PROVIDING 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. Schedule O (Form 990 or 990-EZ) 2020

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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 MAY BE AUTHORIZED
AS JUST, FAIR, AND REASONABLE TO THE ORGANIZATION. THE DECISION OF THE
BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION. THE PERSON WITH
THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF
SUCH TRANSACTION. SUCH DELIBERATIONS AND DECISIONS ARE DOCUMENTED 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.

2020.03050 THE OPEN DOOR