

#### PUBLIC DISCLOSURE COPY 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.

OMB No. 1545-0047

Department of the Treasury

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change OPEN DOORS INTERNATIONAL USA, INC Name change 92-1154296 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 26901 800-896-5285 7,943,662. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 92799 SANTA ANA, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GEORGE RYAN BROWN Yes X No for subordinates? ..... SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: OPENDOORSUS.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 2022 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: OPEN DOORS INTERNATIONAL USA Activities & Governance INC. RAISES FUNDS, AWARENESS AND PRAYER FOR PERSECUTED CHRISTIANS IN 2 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 10 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 0. 7,943,504. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 154. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. 7,943,662. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 3,400,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 245,839. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 1,962,720. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0. 5,608,559. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 2,335,103. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 0. 4,168,162 Total assets (Part X, line 16) 0. 1,833,059 21 Total liabilities (Part X, line 26) 三年 2,335,103 0. 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. Signature of officer Date Sign SARAH CUNNINGHAM, COO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JEFFREY E. HERT, CPA JEFFREY E. HERT, CPA 10/02/24 self-employed P00066715 Paid Firm's name REHMANN ROBSON LLC Firm's EIN 38-3567911 Preparer Firm's address PO BOX 2025 Use Only

SAGINAW, MI 48605-2025

No

X Yes

Phone no. 989-799-9580

4d Other program services (Describe on Schedule O.)

(Expenses \$ 668, 205 • including grants of \$

260,809.) (Revenue \$

**1e** Total program service expenses

3,807,396.

Form 990 (2023)

# Form 990 (2023) OPEN DOORS INTERNATIONAL USA, INC 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del> </del>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form **990** (2023)

	990 (2023) OPEN DOORS INTERNATIONAL USA, INC 92-1154	296	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	Х	
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			
		24a		х
h	Schedule K. If "No," go to line 25a	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	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 line 28a or 28b? If	200		
C	·	000		Х
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	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		X
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		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schoolule O contains a reasonness or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V			
	Establis		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  In the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	_		
	Enter the number of Forms W 2d molded of time 1a. Enter of infortuppioable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	1

Form **990** (2023)

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Form 990 (2023) OPEN DOORS INTERNATIONAL USA, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a test the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 10  b If all least one is reported on line 2a, did the organization file all required fiederal employment tax returns?  b If Yes, "Issa filed a Form 600° for this year? If "No" to line 3b, provide an explanation or on Schedule 0  3b						Yes	No
the off or the calendary reare ending with or within the year covered by this return  b if all east on the imported on line 22, did the organization file all required idearial employment tax returns?  20 X  30 Id the organization have unrelated business gross income of \$1,000 or more during the year?  31 If "Yes," the sit filed a Form 990 T for this year? # "Ye" to line 30, provide a regularation or Schedule 0  32 A 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 business. The provides account, or other financial account in a foreign country service and the services account, or other financial accountry.  53 If "Yes," the time name of the reorganization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  54 Was the organization say to a prohibited tax shelter transaction at any time during the tax year?  55 If "Yes to line fa or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  56 If "Yes to line fa or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  57 Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or admitable contributions?  58 If "Yes," if did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductibles and strategic party and the property for which it was required to the payor?  59 If the organization receive a point in access of \$15 make party as a contribution on gardity for goods and services provided?  50 If the organization sale, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282 required to the organization neal easily or indirectly, to pay premiums on a personal benefit contract?  70 If the organization neal easily and the property of the organizat	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
b If at least one is reported on line 24, did the organization file all required federal employment tax returns?  a Did the organization have unrelated business gross is section of \$1,000 or more during the year?  b If "Yes," has it filed a form 9901 for this year? If "No" to line 30, provide an explanation on Schedule 0  a 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 the financial account in a foreign country (such as a bank account, securities account, or the financial accounts (FBAR).  5a Was the organization and organization that a such as a bank account, securities account, or the financial accounts (FBAR).  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction?  5b D X X  5c If "Yes to line 6 a or 50, did the organization file Form 8888.7?  5c Does the organization analy gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions and party for problematic tax shelter transaction?  5c D If "Yes," did the organization that that are normally greater than \$100,000, and did the organization solicit any contributions are solicit any contributions or gifts were not tax deductible?  6c D If the organization receive a pyment in excess of \$75 made party as contribution and party for pods and services provided to the payor?  7c Organization shall exchange, or otherwise dispose of tamplies permanal property for which it was required to file Form 8882?  8d If "Yes," did the organization number of Forms 8282 filed during the year  9d If "Yes," did the organization full expert, port organization full expert property for the promise property for the pr			2a	10			
b If Yes, "Itasi if lied a Form 990.T for this year? If 'No' 10 file's Str. provide an explanation on Schedule' O 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 accounts) See instructions for filing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions of printing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions of printing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instruction of the organization for the organization file Form 8886-7?  See Does the organization for organization file Form 8886-7?  See Does the organization in molude with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If the "se," did the organization notify the donor of the value of the goods or services provided?  Or the form 8282?  Or different formal transpiration organization for the value of the goods or services provided?  The section of the section of the value of the goods or services provided?  The Comparization receive and contribution of qualified intelligence of any promition on a personal benefit contract?  The section of the organization and services dispose of tangible personal property to which it was required?  The did the organization received an contribution of a contribution o	b		ns?	•	2b	Х	
b If Yes, 'has it field a Form 990-T for this year', If 'No' to line 3b, provide an explanation on Schedule O  A any time during the calendary 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	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
4a A any time during the calendary 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 accounts?  b if "Yes," either 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 aparty to a prohibited tax shefter transaction at any time during the tax year?  5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction?  5c If "Yes" to line 5a or 5b, did the organization the organization the fore m886617  6b 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 deductibles of scharable contributions?  6c 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 deductibles of scharable contributions and the second of	b				3b		
b if Yes, "inter 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 shefter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c If Yes 1 time 5a or 5b, did the organization the form 8886-77  6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we en rott ax deductibles can fartable contributions?  6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and a services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles of the production o							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  9 Des the organization and 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?  9 If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  10 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 If the organization received a contribution of qualified intellectual property, did the organization file organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  12 Sponsoring organization have excess business holdings at any time during the year?  13 Sponsoring organization make a distribution to advonce division, or elated person?  14 Section 501(c)(7) organization make any staxible distributions under section 9986?  15 Section 501(c)(7) organizations included on Part VIII, line 12 for public use of club facilities  15 Section 501(c)(7) organizations included on Part VIII, line 12 for public use of club facilities  16 Gross recome from methers or shareholders  17 Je Gross recome from methers or shareholders  18 Section 501(c)(7) organizations. Enter:  2 In Interval the instructions of making an explanation on schedule O.  2 Section 4947(a)(1) non-		financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization file Form 5886-17.  6a 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 deductibles?  6 Did "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for goods and services provided to the payor?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 88867.  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization received and contribution of qualified intellectual property, did the organization file a Form 1098-0?  8 Sponsoring organization reaceived an contribution of cars, boats, ariginates, or other vehicles, did the organization file a Form 1098-0?  8 Sponsoring organization make and contribution of cars, boats, ariginates, or other vehicles, did the organization file a Form 1098-0?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to all donor, donor advised fund maintained by the sponsoring organization make a distribution to all onor, donor advised fund maintained by the sponsoring organization make a distribution to all onor, donor adv	b	If "Yes," enter the name of the foreign country					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  8a 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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization service spanner in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  16 If "Yes," did the organization neceive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor?  17 to life Form 8282?  18 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? self-led during the year  2		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 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? If "Yes," see the 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  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			10a				
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		v+iv./i+: ~				
	17				17		
If "Yes " complete Form 6069		If "Yes," complete Form 6069.			17		

Form **990** (2023) 332005 12-21-23

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
b	and the second of the second o	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		- 21
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
		Ha		21
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	- 77	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Λ	Х
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC	FT.	GΔ	ΗТ
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	orny) a	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)	c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	REHMANN ROBSON - 989.799.9580			
	PO BOX 2025, SAGINAW, MI 48605		000	(2022)

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

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

X

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organizat  (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
raino ana tito	hours per					than		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tı		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KURT BRUNER	0.10	드	드	5	3	王吉	윤			
BOARD MEMBER	40.00	x						0.	149,376.	54,469.
(2) DAN OLE SHANI	0.10								•	•
SECRETARY	40.00	Х		Х				0.	143,197.	0.
(3) GEORGE RYAN BROWN	40.00	1								
CEO/EX OFFICIO BOARD MEMBER		<u> </u>		Х				36,923.	0.	5,288.
(4) SARAH CUNNINGHAM	40.00	4		χ,				20 040	_	7 006
COO	0 10		_	Х		┢		32,840.	0.	7,096.
(5) ALAN MCDOWELL CHAIRMAN	40.00	х		х				0.	0.	0.
CHAIRMAN	40.00	^		^		$\vdash$		0.	0.	0.
		1								
-										
		1								
		<u> </u>								
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Form 990 (2023)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C	C)			(D)	(E)		(F)		
	Name and title	Average	(do	not cl	Posi			nne	Reportable	Reportable		-	nated	
		hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation		amo	unt of	
		week		cer an	a a a	recto	r/trus	tee)	from	from related			her	
		(list any	recto						the	organizations	.,	•	nsation	
		hours for related	or di	ee			ated		organization	(W-2/1099-MISC	;/		n the	
		organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	ization elated	
		below	lual tr	tional		ploy	yee y	_	1039-NEO)				zations	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	24110110	
			_	_		<u>×</u>	1 0				$\neg$			
											$\neg$			
											$\neg$			
			•											
											$\neg$			
							$\dashv$							
											$\dashv$			
											$\neg$			
			•											
											$\neg$			
			•											
											$\neg$			
			•											
1b	Subtotal	l							69,763.	292,57	3.	66	,853.	
	Total from continuation sheets to Part VI								0.		0.		0.	
	Total (add lines 1b and 1c)								69,763.	292,57	<del>3</del> .	66	,853.	
2	Total number of individuals (including but n								•					
	compensation from the organization						,		,	·			0	
												Y	es No	
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for si	uch individual										3	X	
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	J fo	or such individual	-		4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com										[	5	Х	
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated inc	lepe	nder	nt cc	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsat	ion from		
	the organization. Report compensation for t	the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C)		
	Name and business	address	NC	ONE	3				Description of s	ervices	C	ompens	ation	
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of componentian from the organization					C	١							

Form 990 (2023) OPEN DO
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Dart VIII			
			Check if Schedule O Contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
, Grants mounts	1	а	Federated campaigns 1a					
rar		b	Membership dues1b					
G,		С	Fundraising events1c					
iifts ar A				,500,000.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sis			All other contributions, gifts, grants, and					
uti				,443,504.				
g E		~	Noncash contributions included in lines 1a-1f  1g \$	4,996.				
on Dd		_			7,943,504.			
<u>O</u> 8		11	Total. Add lines 1a-1f	Business Code	7,743,304.			
	_			Business Code				
ice	2							
erv Je		b						
am Ser		С						
ran }ev		d						
Program Service Revenue		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	rest, and				
			other similar amounts)		4.			4.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worted in a company (local)					
			Gross amount from sales of (i) Securities	(ii) Other				
	,	а	assets other than inventory <b>7a</b>	(.,, 5				
		<b>L</b>	Less: cost or other basis					
•		D						
ņ			and sales expenses 7b  Gain or (loss)  7c					
Revenue			. ,					
Ŗ			Net gain or (loss)					
ther	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8	b				
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	а				
		b	Less: direct expenses 9	b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10	)a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
			The morning of (1995) ment cause of min emory	Business Code				
ns	11	a	MISCELLANEOUS	900099	154.			154.
neo Iue	• •	b		300033				
Miscellaneous Revenue								
Sce	'	q	All other revenue					
Ξ̈́	'		All other revenue		154.			
		e	Total. Add lines 11a-11d		7,943,662.	0	0	158.
	12		Total revenue. See instructions		1,,,43,004.	0.	0.	тэо•

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	anlete column (A)	
Seci	Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	-	·
	and domestic governments. See Part IV, line 21	3,400,000.	3,400,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	82,147.	19,169.	62,978.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1.1= 1.1			
7	Other salaries and wages	117,648.	4,938.	55,519.	57,191.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	04 04 0	4 2 2 2	40.400	2 == 1
9	Other employee benefits	31,917.	4,063.	19,103.	8,751.
10	Payroll taxes	14,127.	1,903.	8,976.	3,248.
11	Fees for services (nonemployees):				
а	Management				
b					
	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 240 025	226 225	416,099.	607 401
40	column (A), amount, list line 11g expenses on Sch 0.)	1,349,825.	326,235. 13,391.	88,546.	607,491. 117,408.
12	Advertising and promotion	22,876.	13,391.	18,508.	4,368.
13	Office expenses	22,070.		10,500.	4,300.
14	Information technology				
15	Royalties	7,041.		6,671.	370.
16 17	Occupancy	56,444.	13,865.	35,989.	6,590.
	Payments of travel or entertainment expenses	30,444.	13,003.	33,303.	0,330.
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)  POSTAGE AND SHIPPING	254,879.	23,832.	1,770.	229,277.
a	BANK FEES	50,977.	43,034.	50,977.	447,411.
b	MISCELLANEOUS	1,333.		1,269.	64.
c d		1,555		1,407.	U ± •
a e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	5,608,559.	3,807,396.	766,405.	1,034,758.
26	Joint costs. Complete this line only if the organization	3,000,000.	3,001,000	, 55, 455	±100±1100•
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
		L			000

Form **990** (2023)

Part X	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this	
		(A) (B) Beginning of year End of year
1	Cash - non-interest-bearing	0. 1 3,817,68
2		
3	Pledges and grants receivable, net	3
4		
5	Loans and other receivables from any current or former officer, dire	ctor,
	trustee, key employee, creator or founder, substantial contributor,	or 35%
	controlled entity or family member of any of these persons	5
6	Loans and other receivables from other disqualified persons (as de	ined
	under section 4958(f)(1)), and persons described in section 4958(c)	3)(B) 6
တ္ 7	Notes and loans receivable, net	7
Assets	Inventories for sale or use	8
₹   9	Prepaid expenses and deferred charges	0. 9 16,86
10:	a Land, buildings, and equipment: cost or other	
	basis. Complete Part VI of Schedule D 10a	
	b Less: accumulated depreciation 10b	10c
11		
12	,	
13	Investments - program-related. See Part IV, line 11	13
14	•	
15	Other assets. See Part IV, line 11	
16	Total assets. Add lines 1 through 15 (must equal line 33)	
17	Accounts payable and accrued expenses	
18		
19	Deferred revenue	
20	Tax-exempt bond liabilities	
21	Escrow or custodial account liability. Complete Part IV of Schedule	D 21
<b>တ</b> 22		
Liabilities	trustee, key employee, creator or founder, substantial contributor,	
<u> </u>		
23		
24		
25	Other liabilities (including federal income tax, payables to related the	
	parties, and other liabilities not included on lines 17-24). Complete	
000	of Schedule D	0 1 000 05
26		0. 26 1,833,05
ဖွ	Organizations that follow FASB ASC 958, check here	
စ္က   ့	and complete lines 27, 28, 32, and 33.	07
<u>a</u> 27	Net assets with depart restrictions	
<u>හි</u>   28 පි	Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here	X 28
두	and complete lines 29 through 33.	
ธ์   ๑	•	0. 29
<u>ဗို့ရ</u> 29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	
88   30 31	Retained earnings, endowment, accumulated income, or other fun	
Net Assets or Fund Balances 22 8 2 3 1 3 2 3 2 1 3 2 2 3 1 3 2 3 2 3 2 3		
_		0 4 1 6 0 1 6
33	Total liabilities and net assets/fund balances	0 •   33   4 , 100 , 10

	1990 (2023) OTEN DOORD INTERNATIONAL ODA, INC	74	<u> </u>	<u> </u>	Pa	ge 🛂
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				62.
2	Total expenses (must equal Part IX, column (A), line 25)	2				59.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	, 33	5,1	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0.
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	2	, 33	5,1	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	
	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		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			1

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

332012 12-21-23

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

Open to Public Inspection

Name of the organization

OPEN DOORS INTERNATIONAL USA,

**Employer identification number** 

OMB No. 1545-0047

92-1154296 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 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.) 11 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 on 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. 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. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

#### 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					7943501.	7943501.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					7943501.	7943501.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1619670.
6	Public support. Subtract line 5 from line 4.						6323831.
	etion B. Total Support						03230311
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) 2010	(2) 2020	(0) 2021	(4) 2022	7943501.	7943501.
	Gross income from interest.						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					4.	4.
0	Net income from unrelated business					7.	<u></u>
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					154.	154.
	assets (Explain in Part VI.)					134.	7943659.
	<b>Total support.</b> Add lines 7 through 10					40	1943039.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	-			-		X
<u>Sa</u>	organization, check this box and stop tion C. Computation of Publi						
	Public support percentage for 2023 (li			oolumn (fl)		14	04
						15	<u>%</u> %
	Public support percentage from 2022 33 1/3% support test - 2023. If the control of the control o						
10a	* *	-					
<b>L</b>	stop here. The organization qualifies		~				
D	33 1/3% support test - 2022. If the condition have						
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=		_	
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test						IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu					***************************************	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, check this box a		(Form 990) 2023

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	90		
	9с		
	10a		
	150		
	10b		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting SiguinEditions		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

О	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	ization (see
	instructions).			

1

2 3

4 <u>5</u>

Schedule A (Form 990) 2023

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Pa	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	<u>ued)</u>	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	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	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

**2023** 

Name of the organization

OPEN DOORS INTERNATIONAL USA, INC

Organization type (check one):

Employer identification number

92-1154296

or garileation type (check one).				
Filers of:		Section:		
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
		527 political organization		
Form 990	)-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General l	Rule			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special F	Rules			
:	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year		
answer "I	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).		

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$13,000 <b>.</b>	Person X Payroll

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions  \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	- Hume, dudices, and En 1 7	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$6,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Nume, address, and Zii + +	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions  \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person X Payroll

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	- Nume, address, and En 1 7	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	- Nume, address, and En 1 1	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$7,953.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Nume, address, and Zii + +	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,014.	Person X Payroll

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$16,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$ <u>8,600.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ <u>15,000.</u>	Person X Payroll

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	Name, address, and ZIF + 4	\$114,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$13,750.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,940.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Nume, address, and Zir + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$ <u>117,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	Nume, address, and Zii + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$ <u>1,778,543.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$30,789.	Person X Payroll

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** OPEN DOORS INTERNATIONAL USA, 92-1154296 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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 Inspection

Name of the organization

OPEN DOORS INTERNATIONAL USA, INC

**Employer identification number** 92-1154296

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(	<b>b)</b> Fun	ds 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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	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						\$

332051 09-28-23

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

D (Form 990) 2023	OPEN DOORS	INTERNATIONAL	USA,	INC	92-1154296	Page 3
Investments -	Other Securities					

Complete if the organization answered Tes Official 1950, Farthy, line Trb. See Form 990, Farthy, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total (Col. (h) must equal Form 000, Part V, line 12, col. (P.)									

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

#### Other Liabilities

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

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYABLE TO AFFILIATED ENTITY	31,126.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	31,126.

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 G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** 92-1154296 OPEN DOORS INTERNATIONAL USA, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) DUNHAM & COMPANY - 6111 W ADVISE ON STRATEGY AND Yes No PLAN PKWY SUITE #2200, PLANO COORDINATE DISTRIBUTION OF Х 0 3,054,306 -3,054,306. 3,054,306. -3 054 306. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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

SEE PART IV FOR CONTINUATIONS

Sch	edu	le G (Form 990) 2023 OPEN DO	ORS INTERNAT	IONAL USA, IN	IC 92-	1154296 Page 2
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	ı	Noncash prizes				
sesuec	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	l	Entertainment				
	ı	Other direct expenses				
	ı	Direct expense summary. Add lines 4 through				
Pa	ırt l	Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		000 Part IV line 10 or i	roported more than	
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, line 19, 011	eported more triair	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	۰	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
П		Other direct expenses				

he state(s) in which the organization conducts gaming activities:		
organization licensed to conduct gaming activities in each of these states?	Yes	No
explain:		
		•
unv of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
," explain:		
	reganization licensed to conduct gaming activities in each of these states?  ' explain:  uny of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	reganization licensed to conduct gaming activities in each of these states?  ' explain:  uny of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes

Schedule G (Form 990) 2023 332082 09-13-23

6 Volunteer labor

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990) 2023 OPEN DOORS INTERNATIONAL USA, INC 92-	1154296	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	10.0	7,5
Enter the harms and address of the person who propares the organization's gaining special events books and records.		
Name		
Name		
Address		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
<b>16</b> Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
· · · · · · · · · · · · · · · · · · ·		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:	
· · · · · · · · · · · · · · · · · · ·		
(I) NAME OF FUNDRAISER: DUNHAM & COMPANY		
(I) ADDRESS OF FUNDRAISER: 6111 W PLAN PKWY SUITE #2200, PLANO,	TX 750	93
(II) ACTIVITY: ADVISE ON STRATEGY AND COORDINATE DISTRIBUTION OF	DIRECT	MAI
<u> </u>		

Schedule G	G (Form 990)	open	DOORS	INTERNATIONAL	USA,	INC	92-1154296	Page 4
Part IV	Supplemental Infor	mation /	(continued)	INTERNATIONAL				
			continucaj					
-								
-								
-								
-								
-								
-								
			_					
					<u></u>			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OPEN DOOR	S INTERNA	TIONAL USA,	INC				92-1154296
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records criteria used to award the grants or assi	stance?				-		on X Yes No
2 Describe in Part IV the organization's pr						/   F 000 Dt	IV. Para Od. fav. ann.
Part II Grants and Other Assistance to recipient that received more than					anization answered "1	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OPEN DOORS INTERNATIONAL, INC 3419 E CHAPMAN AVE #353							
ORANGE, CA 92869	33-0523832	501C(3)	3,400,000.	0.			GENERAL PURPOSE
2 Enter total number of section 501(c)(3) a  3 Enter total number of other organization	· ·	•	ne line 1 table				1.

(a) Type of grant or assistance	<b>(b)</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
IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, columi	n (b); and any other ad	Iditional information.	
T I, LINE 2:					
NTING DONE TO A SINGLE US ORG	ANIZATION U	NDER COMM	ON CONTROL.		

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

OPEN DOORS INTERNATIONAL USA, INC

 $\begin{array}{c} \text{Employer identification number} \\ 92 - 1154296 \end{array}$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a l		1

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		<b>(B)</b> Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KURT BRUNER	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	149,376.	0.	0.	7,469.	47,000.	203,845.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							

ovide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OPEN DOORS INTERNATIONAL USA, INC

Employer identification number 92-1154296

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOSTILE/CLOSED REGIONS AROUND THE WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLIC AWARENESS & MOTIVATION: PROGRAMS DESIGNED TO HELP NORTH AMERICAN CHRISTIANS BECOME AWARE OF THE ISSUES OF GLOBAL CHRISTIAN PERSECUTION AND TO MOBILIZE THEM IN PRAYER FOR THE PERSECUTED CHURCH. EXPENSES \$ 453,300. INCLUDING GRANTS OF \$ 54,888. REVENUE \$ 0. ADVOCACY & RESEARCH: PROGRAMS DESIGNED TO CREATE CREDIBLE RESEARCH DETAILING THE REALITIES AND BREADTH OF CHRISTIAN PERSECUTION. ADDITION TO INFORMING THE CHURCH, THIS RESEARCH IS ALSO USED BY ACEDEMICS, POLITICIANS AND MEDIA NEEDING AUTHORITATIVE YET CREDIBLE RESEARCH ON CHRISTIAN PERSECUTION. THESE PROGRAMS ARE ALSO DESIGNED TO HELP POLITICIANS AND POLICY MAKERS BE AWARE AND INFORMED ON ISSUES OF CHRISTIAN PERSECUTION. EXPENSES \$ 214,905. INCLUDING GRANTS OF \$ 205,921. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE COO AND CEO PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT-OF-INTEREST FORM AT THE TIME THEY BEGIN THEIR BOARD SERVICE AND THEN TO PROVIDE AN ANNUAL UPDATE.

LHA 332211 11-14-23

**DIRECTORS.** 

EMPLOYEES ARE REQUIRES TO COMPLETE A CONFLICT-OF-INTEREST FORM

BOARD CHAIR ADDRESSES ANY REAL OR PERCEIVED CONFLICTS WITH THE INDIVIDUAL

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

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization
OPEN DOORS INTERNATIONAL USA, INC

Employer identification number 92-1154296

AT THE TIME OF HIRE AND THEN ARE PROMPTLED ANNUALLY TO PROVIDE AN UPDATE.

IF A CONFLICT IS IDENTIFIED IT IS FIRST REVIEWED BY THE COO WITH POTENTIAL ESCALATION TO THE CEO.

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

AT THE TIME OF HIRE, THE BOARD PUT FORTH A COMPENSATION PACKAGE THAT WAS

SEEN AS APPROPRIATE BASED ON THE MARKET AND SCOPE OF RESPONSIBILITY. THE

BOARD WILL REVIEW CEO COMPENSATION PERIODICALLY IN THE FUTURE.

AT THE TIME OF HIRE, THE HUMAN RESOURCES (HR) TEAM PUTS FORTH A

COMPENSATION PACKAGE THAT IS SEEN AS APPROPRIATE BASED ON MARKET AND SCOPE

OF RESPONSIBILITY. ANNUAL COST OF LIVING ADJUSTMENTS (COLA) ARE PROVIDED

BASED ON THE SOCIAL SECURITY ADMINISTRATION'S ANNUAL COLA RATE. EVERY

THREE YEARS WE SEEK TO REVIEW JDS AND ADJUST COMPENSATION AS NEEDED TO

ALIGN WITH PREVAILING MARKET CONDITIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS

MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,

WY

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

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

FORM 990, PART VII, SECTION A, LINE 1A

COMPENSATION FROM RELATED ORGANIZATION FOR BOARD MEMBER DAN OLE SHANI INCLUDES 127,590 EUROS AND \$15,607 US DOLLARS.

Schedule O (Form 990) 2023 Page **2** 

Schedule O (Form 990) 2023	Page
Name of the organization OPEN DOORS INTERNATIONAL USA, INC	Employer identification number 92-1154296
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	326,235.
MANAGEMENT AND GENERAL EXPENSES	416,099.
FUNDRAISING EXPENSES	607,491.
TOTAL EXPENSES	1,349,825.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,349,825.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT HAVE AN AUDIT COMMITTEE IN IT'S E	FIRST FULL
YEAR, BUT PLANS TO ADD IN THE FUTURE AS BOARD IS EXPANDED.	,

#### **SCHEDULE R** (Form 990)

Part I

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Attach to Form 990.

(b)

Primary activity

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

OPEN DOORS INTERNATIONAL USA, INC

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

**Employer identification number** 92-1154296

(f)

Direct controlling

of disregarded entity		foreign country)			е	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34,	because it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
OPEN DOORS INTERNATIONAL, INC 33-0523832				501(c)(3))	OPEN DOORS	Yes	No
3419 E CHAPMAN AVE #353	MISSIONARY TRAINING/BIBLE				INTERNATIONAL,		
ORANGE, CA 92869	DISTRIBUTION	CALIFORNIA	501(C)(3)	PF	USA		X
	-						

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
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		l .					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у				1a		X
					1b	Х	
c Gift, grant, or capital contribution from related organization(s)					1c		X
d Loans or loan guarantees to or for related organization(s)					1d		X
e Loans or loan guarantees by related organization(s)					1e	Х	
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		X
h Purchase of assets from related organization(s)					1h		_X
i Exchange of assets with related organization(s)					1i		_X_
j Lease of facilities, equipment, or other assets to related organization(s)					1j		<u>X</u>
k Lease of facilities, equipment, or other assets from related organization(s)					1k		<u>X</u>
I Performance of services or membership or fundraising solicitations for related orga					11		X
m Performance of services or membership or fundraising solicitations by related organizations					1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n		X
Sharing of paid employees with related organization(s)					10		<u>X</u>
p Reimbursement paid to related organization(s) for expenses					<b>1</b> p		X
q Reimbursement paid by related organization(s) for expenses					1q		X
r Other transfer of cash or property to related organization(s)					1r		_X_
s Other transfer of cash or property from related organization(s)					1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered i	relationships and transaction	thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of dete	(d) rmining amount invo	olved		
(1) OPEN DOORS INTERNATIONAL, INC	В	3,400,000.	ACTUAL				
(2) OPEN DOORS INTERNATIONAL, INC	E	31,126.	ACTUAL				
(3)							
(4)							
(5)							
(6)							
200400 00 00 00			•	Cohodulo E	) /Earn	200N	2022

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

### TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

#### FOR THE YEAR ENDING

December 31, 2023

Prepared For:		
	Sarah Cunningham Open Doors International USA, I PO Box 26901 Santa Ana, CA 92799	nc.
Prepared By:		
	Rehmann Robson LLC PO Box 2025 Saginaw, MI 48605-2025	
To be Signed a	and Dated By:	
	Not applicable	
Amount of Tax	<b>c</b> :	
	Total Tax  Less: payments and credits  Plus: other amount  Plus: interest and penalties  No payment is required	0 0 0 0 0 0
Overpayment:		
	Credited to your estimated tax Other amount Refunded to you	0 0 0 0
Make Check P	ayable To:	
	Not applicable	
Mail Tax Retur	n and Check (if applicable) To:	
	electronically to the FTB, please	or electronic filing. If you wish to have it transmitted contact our office. We will then submit the electronic ne paper copy of the return to the FTB.
Return Must b	e Mailed On or Before:	
	Not applicable	
Special Instruc	ctions:	

OLL	
Date Accepted	

2023

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

4 Tax due (Form 109, line 23) 4  5 Overpayment (Form 109, line 24) 5  Part II Settle Your Account Electronically for Taxable Year 2023  6 Direct Deposit of refund (Form 109 only.)  7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy)  Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization)	1 7,943,662 2 7,943,662 3 5,608,559 4 5  ate (mm/dd/yyyy) current amount the exempt organization owes.) ment Fourth Payment  Checking Savings  It the bank account specified in Part IV for the funds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ling lines of the exempt organization is filling exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
Part I   Electronic Return Information (whole dollars only)  1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)  2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)  2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)  3 Total expenses and disbursements (Form 199, line 9)  3 Total expenses and disbursements (Form 199, line 9)  4 Tax due (Form 109, line 23)  5 Overpayment (Form 109, line 24)  5 Deverpayment (Form 109, line 24)  6 Direct Deposit of refund (Form 109 only.)  7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy)  Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization  8 Amount   Second Payment   Third Payment   Fourth Payment   9 Withdrawal Date   Part IV   Banking Information (Have you verified the exempt organization's banking information?)  10 Routing number   11 Account number   12 Type of account: Checking Savings  Part V Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV direct deposit refund agrees with the authorization stated on my return. If 1 check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.  Under penalties of perjury, I declare that I am an officer of the above exempt organization's return is true, correct, and complete. If the exempt organization's 2 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization's salablance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's salablance due return, I understand that if the Franchise	t the bank account specified in Part IV for the funds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ding lines of the exempt organization is filling exempt organization's 2023 d complete. If the exempt organization is filling exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) 2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14) 2 7, 94 3 Total expenses and disbursements (Form 199, line 9) 3 5, 61 4 Tax due (Form 109, line 23) 5 Overpayment (Form 109, line 24) 5 Overpayment (Form 109, line 24) 5 Overpayment (Form 109, line 24) 5 Destite Your Account Electronically for Taxable Year 2023 6 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy) Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization 8 Amount 9 Withdrawal Date First Payment Second Payment Third Payment Fourth Paym 8 Amount 9 Withdrawal Date 10 Routing number 12 Type of account: Checking Savings Part V Declaration of Officer 1 authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV. Under penalties of perjury, I declare that I am an officer of the above exempt organization on the corresponding lines of the exempt organization's tax liability, the elabore everny. I understand that if the Franchise Tax Board (F1B) does not receive full drimely payment of the exempt organization's tax liability, the elaboration of the everny I understand that if the Franchise Tax Board (F1B) does not receive full drimely payment of the exempt organization's tax liability, the elaboration of the everny I understand that if the Franchise Tax Board (F1B) does not receive full drimely payment of the exempt organization's tax liability, the elaboration of the exempt organization's tax liability, the elaboratin	ate (mm/dd/yyyy)  current amount the exempt organization owes.)  ment Fourth Payment  Checking Savings  t the bank account specified in Part IV for the funds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ling lines of the exempt organization's 2023 d complete. If the exempt organization is filling exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
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4 Soverpayment (Form 109, line 24) 5  Part II Settle Your Account Electronically for Taxable Year 2023  6 Direct Deposit of refund (Form 109 only.) 7 Electronic funds withdrawal 7a Amount 7b Withdrawal date (mm/dd/yyyy)  Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization  8 Amount First Payment Second Payment Third Payment Fourth Paym  8 Amount 9 Withdrawal Date  Part IV Banking Information (Have you verified the exempt organization's banking information?)  10 Routing number 12 Type of account: Checking Savings  Part V Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV foured from the amounts listed on Part III, line 8 from the bank account specified in Part IV.  Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2 California electronic return. To the best of my knowledge and belief, the exempt organization's tax liability, the electronic return of the intermediate service provider and that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the electronic return of the intermediate service provider and the amounts are all the payment of the exempt organization's tax liability, the electronic return of the intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's tax liability, the electronic return organization's t	ate (mm/dd/yyyy) current amount the exempt organization owes.) ment Fourth Payment  Checking Savings  t the bank account specified in Part IV for the funds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ling lines of the exempt organization's 2023 d complete. If the exempt organization is filling exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
Settle Your Account Electronically for Taxable Year 2023	ate (mm/dd/yyyy) current amount the exempt organization owes.) ment Fourth Payment  Checking Savings  t the bank account specified in Part IV for the funds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ling lines of the exempt organization's 2023 d complete. If the exempt organization is filling exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
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Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization.    First Payment   Second Payment   Third Payment   Fourth Payment	current amount the exempt organization owes.)  ment  Fourth Payment  Checking  Savings  t the bank account specified in Part IV for the funds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ding lines of the exempt organization's 2023 d complete. If the exempt organization is filing exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
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Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization    First Payment	current amount the exempt organization owes.)  ment  Fourth Payment  Checking  Savings  t the bank account specified in Part IV for the funds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ding lines of the exempt organization's 2023 d complete. If the exempt organization is filling exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
8 Amount 9 Withdrawal Date Part IV Banking Information (Have you verified the exempt organization's banking information?)  10 Routing number 11 Account number 12 Type of account: Checking Savings Part V Declaration of Officer  I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization's tax liability.	Checking Savings  It the bank account specified in Part IV for the cluds withdrawal for the amount listed on line 7a vided to my electronic return originator (ERO), ding lines of the exempt organization's 2023 d complete. If the exempt organization is filing exempt organization's tax liability, the exempt ation return and accompanying schedules and exempt organization's return or refund is
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statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.  Sign	
Here Signature of officer Date Title	
Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.	
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my known amonly an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form F accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FT 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penaltic I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belie true, correct, and complete. I make this declaration based on all information of which I have knowledge.	s return. I declare, however, that form FTB 8453-EO ore transmitting this return to the FTB. I have d all other requirements described in FTB Pub. date of the return or <b>four</b> years from the date
	d to the best of my knowledge and belief, they are
ERO's Date Check if Check ERO's PTIN	d to the best of my knowledge and belief, they are    Check
ERO's also paid if self-	d to the best of my knowledge and belief, they are    Check
ERO REHMANN ROBSON LLC also paid preparer X if self-employed P00066.  Must Firm's name (or yours REHMANN ROBSON LLC	d to the best of my knowledge and belief, they are  Check if self-employed P00066715
ERO  REHMANN ROBSON LLC  Must Firm's name (or yours if self-employed) Firm's name (or yours if self-employed)  REHMANN ROBSON LLC  REHMANN ROBSON LLC  Firm's FEIN 38-350	d to the best of my knowledge and belief, they are    Check
ERO  REHMANN ROBSON LLC  Must Sign  Firm's name (or yours if self-employed) and address  REHMANN ROBSON LLC  REHMANN ROBSON LLC  REHMANN ROBSON LLC  Firm's FEIN 38-350	to the best of my knowledge and belief, they are  Check if self-employed P00066715  Firm's FEIN 38-3567911
ERO  REHMANN ROBSON LLC  Must Sign  Firm's name (or yours if self-employed) and address  REHMANN ROBSON LLC  REHMANN ROBSON LLC  REHMANN ROBSON LLC  Firm's FEIN 38-35 (Complete Signature) PO BOX 2025	Check if self-employed P00066715  Firm's FEIN 38-3567911  ZIP code 48605-2025  and statements, and to the best of my knowledge
ERO    REHMANN ROBSON LLC   REHMANN ROBSON LLC   REHMANN ROBSON LLC   P0 0 0 6 6 5	Check if self-  ZIP code 48605-2025  and statements, and to the best of my knowledge dige.  Check if self- employed Paid preparer's PTIN  Paid preparer's PTIN  Paid preparer's PTIN  Paid preparer's PTIN
REHMANN ROBSON LLC  Must Sign at a dorson and address  REHMANN ROBSON LLC  Firm's name (or yours if self-employed) and address  REHMANN ROBSON LLC  PO BOX 2025  SAGINAW, MI  Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my k and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.  Paid Preparer  Paid Preparer  Paid preparer's PTIN if self-employed  PAID PTIN if self-employed  P	Check if self-employed Paid preparer's PTIN knowledge and belief, they are PN on the best of my knowledge and belief, they are PN on the best of my knowledge are Paid preparer's PTIN check if self-employed Paid preparer's PTIN employed PAID emp
REHMANN ROBSON LLC  Must Sign at large signature  REHMANN ROBSON LLC  REHMANN ROBSON LLC  Firm's name (or yours if self-employed) And address  REHMANN ROBSON LLC  Firm's FEIN 38-35 (Complete, 1)  REHMANN ROBSON LLC  PO BOX 2025  SAGINAW, MI   Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my kand belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.  Paid Preparer  Paid Preparer's PTIN if self-employed  Firm's name (or yours if self-employed)  Firm's name (or yours if self-employed)  Firm's FEIN	Check if self-employed Paid preparer's PTIN knowledge and belief, they are PN on the best of my knowledge and belief, they are PN on the best of my knowledge are Paid preparer's PTIN check if self-employed Paid preparer's PTIN employed PAID emp
ERO    REHMANN ROBSON LLC   REHMANN ROBSON LLC   REHMANN ROBSON LLC   P00066'   Must Sign   Firm's name (or yours if self-employed) and address   P0 BOX 2025	Check if self-employed Paid preparer's PTIN  Check if self-employed PA A B A B A B A B A B A B A B A B A B

FTB 8453-EO 2023

STATE OF CALIFORNIA RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

#### **ANNUAL REGISTRATION RENEWAL FEE REPORT** TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

DEPARTMENT OF JUSTICE
PAGE 1 of 5 (For Registry Use Only)

Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 WEBSITE ADDRESS: www.oag.ca.gov/charities	Failure to su organizatio minimum tax	11 Cal. Code Regs. sections 301-307, and 310  Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.										
OPEN DOORS INTER		AL USA, INC	Am	ange of address nended report ganization requests email notifications								
List all DBAs and names the organization uses or has used  PO BOX 26901  Address (Number and Street)  State Charity Registration Number												
,	2799		Corporat	ion or Organization No								
800-896-5285 Telephone Number	E-mail Addres	ss	Federal E	Employer ID No. <u>92–1154296</u>								
ANNUAL F	REGISTRATIO	DN RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Departm										
Total Revenue         Fee         Total Revenue         Fee         Total Revenue         Fee         Total Revenue         Fee         Total Revenue         Between \$50,000 and \$100,000         \$25         Between \$250,001 and \$1 million         \$100         Between \$20,000,001 and \$100 million         \$200         Between \$100,000,001 and \$500 million         Between \$100,000,001 and \$500 million         \$400         Greater than \$500 million												
PART A - ACTIVITIES												
Total Revenue (including noncash contributions) \$  Program Expen	For your most recent full accounting period (beginning 01/01/2023 ending 12/31/2023 ) list:  Total Revenue (including noncash contributions) \$ 7,943,662 Noncash Contributions \$ 4,996 Program Expenses \$ 3,807,396 Total Expenses \$ 5,608,559  PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT											
		you answer "yes" to any of the ques Is for each "ves" response. Please re		w, you must attach a separate page -1 instructions for information required	l. Yes	No						
		any contracts, loans, leases or other fireof, either directly or with an entity in wh			103	x						
During this reporting period or funds?	od, was there a	any theft, embezzlement, diversion or m	nisuse of th	ne organization's charitable property		х						
3. During this reporting period	od, were any o	rganization funds used to pay any pena	alty, fine or	judgment?		х						
During this reporting period commercial coventurer us	•	ervices of a commercial fundraiser, fund	draising cou	unsel for charitable purposes, or		х						
5. During this reporting period	od, did the org	anization receive any governmental fun	ding?			х						
6. During this reporting period	6. During this reporting period, did the organization hold a raffle for charitable purposes?											
						х						
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?												
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?  I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge												
		complete, and I am authorized to sig		ng accuments, and to the best of my k	ISWIEUG	,-						
Cignolium of Arthurstand A		RAH CUNNINGHAM		C00	)ata							
Signature of Authorized Agent	Pri	nted Name		itle [	ate	l						

### Form **8868**

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

	onic filing (e-file). You can electronically file Form 8868 to			•								
listed b	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts.	An extension							
reques	request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form											
8868, v	risit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.										
Caution	n: If you are going to make an electronic funds withdrawal (	direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-1	TE for payment						
instruc	tions.											
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts							
<u>must u</u>	se Form 7004 to request an extension of time to file incom-	e tax retur	ns.									
Part I -	Identification											
Type o	r Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identificatior	n number (TIN)						
Print												
Ella barde	OPEN DOORS INTERNATIONAL US	A, IN	C		92-115	54296						
File by the due date		ee instruct	ions.									
filing your return. Se												
instructio		reign addı	ress, see instructions.									
	SANTA ANA, CA 92799											
Enter t	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			01						
Applica	ation Is For	Return	Application Is For			Return						
		Code				Code						
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09						
Form 4	720 (individual)	03	Form 5227			10						
Form 9	90-PF	04	Form 6069			11						
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12						
Form 9	90-T (trust other than above)	06	Form 5330 (individual)	ividual)								
Form 9	Form 990-T (trust other than above)         06         Form 5330 (individual)         13           Form 990-T (corporation)         07         Form 5330 (other than individual)         14											
Form 1		08	, , ,									
After	you enter your Return Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable o	nly for an	extension of							
	file Form 5330.		, , , , , , , , , , , , , , , , , , , ,	,								
• If this	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.									
	Plan Name		Ç									
	Plan Number											
	Plan Year Ending (MM/DD/YYYY)		<del></del>									
	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)									
	books are in the care of REHMANN ROBSON		,									
	PO BOX 2025 - SAG	JINAW.	MI 48605									
Tele	phone No. 989.799.9580	•	Fax No.									
	e organization does not have an office or place of business	in the Uni										
	is is for a Group Return, enter the organization's four-digit (											
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of									
	request an automatic 6-month extension of time until No				npt organizati							
	he organization named above. The extension is for the organization			2 1110 02011	ipt organizati	on rotain for						
Ī	calendar year 20 23 or	ar 112 act 101 1 0	Totall' Total									
Ī	calendar year 20 <u>25 or</u>											
	tax year beginning	, 20 _	, and chaing		•	_ , 20						
<b>2</b> If	the tax year entered in line 1 is for less than 12 months, cl	hook roose	on: Initial return	Final retur	TD.							
Z "		HECK TEASC	initial return	riilai letui	"							
20 1	Change in accounting period this application is for Forms 990-PF, 990-T, 4720, or 6069	onto: th -	tentative tay loop		1							
		, enter the	ternative tax, 1655	25		0.						
_	ny nonrefundable credits. See instructions.	onto: o::	rofundable gradite and	3a	\$							
	this application is for Forms 990-PF, 990-T, 4720, or 6069			21		0.						
_	estimated tax payments made. Include any prior year overp			3b	\$							
	Balance due. Subtract line 3b from line 3a. Include your pa Ising EFTPS (Electronic Federal Tax Pavment System). See			3c	s	0.						
L	ioniu en 11º0 (electronic reucial fax favillent ovoleni). Sec	ะเกอเกนต์เป	iio.	i SC	ı 👽	0 •						

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

Form 8868 (Rev. 1-2024)

## Form **990**

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

AF	or the	e 2023 calendar year, or tax year beginning and	enaing		
	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	OPEN DOORS INTERNATIONAL USA, INC			
	Name change	Doing business as		92-11542	96
	Initial return	,	Room/suite	E Telephone numbe	
	Final return/	PO BOX 26901		800-896-	
	termin ated			G Gross receipts \$	7,943,662.
	Ameno return	SANTA ANA, CA 92/99		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: GEORGE KIAN BROWN		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2022 N	<b>1</b> State of legal domicile: <b>DE</b>
Pa	rt I	Summary			
ا		Briefly describe the organization's mission or most significant activities: OPEN			
ĕ		INC. RAISES FUNDS, AWARENESS AND PRAYER F	OR PEF	RSECUTED CHR	ISTIANS IN
ra	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
5		Number of independent voting members of the governing body (Part VI, line 1b)			1
es S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10
ŧ		Total number of volunteers (estimate if necessary)			5
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
$\dashv$	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
<u>o</u>		Contributions and grants (Part VIII, line 1h)		0.	7,943,504.
el E		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	4.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	154.
-		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	7,943,662.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	3,400,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	245,839.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×		Total fundraising expenses (Part IX, column (D), line 25) 1,034,75			1 060 700
"ا		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	1,962,720.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0. 0.	5,608,559.
_ c/	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	2,335,103. End of Year
et Assets or nd Balances		T (D	Ве	0.	4,168,162.
SSe Bala	20	Total assets (Part X, line 16)		0.	1,833,059.
ee Eet	21	Total liabilities (Part X, line 26)		0.	2,335,103.
<u>⊂</u> ਜ਼ Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		0.	2,333,103.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and boller, it is
140,	001100	Gand complete. Postalation of propared (early than emost) to based on an information of with	ion propuror	Thus arry knowledge.	
Sigr	,	Signature of officer		Date	
Here		SARAH CUNNINGHAM, COO			
	_	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
aid		JEFFREY E. HERT, CPA JEFFREY E. HERT,	CPA 1	.0/02/24 if self-employ	P00066715
	arer	Firm's name REHMANN ROBSON LLC	<u> </u>		8-3567911
	Only	Firm's address PO BOX 2025			
		SAGINAW, MI 48605-2025		Phone no.98	9-799-9580
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  OPEN DOORS INTERNATIONAL USA INC. RAISES FUNDS, AWARENESS AND PRAYER
	FOR PERSECUTED CHRISTIANS IN HOSTILE/CLOSED REGIONS AROUND THE WORLD.
	TON TEMPERATURE IN MODIFIED, CHOOLD MEDICAL INCOME.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 286, 829. including grants of \$1, 286, 829. ) (Revenue \$)
	SOCIAL ECONOMIC SUPPORT: IN 2023, OVER \$1.2 MILLION WAS DONATED TOWARDS
	OPEN DOORS INTERNATIONAL SOCIAL ECONOMIC SUPPORT PROGRAM. THESE ARE
	PROGRAMS AIMED AT PROVIDING SOCIO-ECONOMIC DEVELOPMENT, LIVELIHOOD OR
	PRACTICAL AID TO CHRISTIANS AND EQUIPPING CHURCHES TO MEET THE
	SOCIO-ECONOMIC NEEDS OF THE BROADER COMMUNITIES AROUND THEM. LAST YEAR,
	ODI WAS ABLE TO PROVIDE THIS TYPE OF SUPPORT TO OVER 560,000
	INDIVIDUALS.
	-
4b	(Code:) (Expenses \$969, 248 • _ including grants of \$969, 248 • _ ) (Revenue \$)
	TRAINING: IN 2023, WE PROVIDED \$969,248 TO OPEN DOORS INTERNATIONAL'S
	TRAINING PROGRAMS. THESE ARE PROGRAMS EQUIPPING PERSECUTED CHRISTIANS
	TO STAND STRONG AND TO SHARE THE LOVE OF CHRIST IN THE MIDST OF THEIR
	PERSECUTION AND TO EQUIP THE CHURCH TO TRAIN DISCIPLES IN THESE
	DIFFICULT CONTEXTS. LAST YEAR, ODI WAS ABLE TO PROVIDE THESE TRAININGS
	TO OVER 3.6 MILLION PEOPLE.
4-	(Code:) (Expenses \$ 883,114 • including grants of \$ 883,114 • ) (Revenue \$)
4C	(Code:) (Expenses \$883,114. including grants of \$883,114. TO OPEN ]  BIBLES & LITERATURE DISTRIBUTION: IN 2023, WE PROVIDED \$883,114 TO OPEN
	DOORS INTERNATIONAL'S PROGRAMS SEEKING TO PROVIDE PERSECUTED CHRISTIANS
	WITH ACCESS TO BIBLES AND OTHER CHRISTIAN DISCIPLESHIP AND LITERATURE
	RESOURCES. LAST YEAR, OVER 1.8 MILLION INDIVIDUALS BENEFITTED FROM
	THESE DISTRIBUTION PROGRAMS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 668,205 • including grants of \$ 260,809 • ) (Revenue \$ )
<u>4e</u>	Total program service expenses 3,807,396.
	Form <b>990</b> (2023)

### 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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
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	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  ^</del>
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	4 41:		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			🕶
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	—
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	

OPEN DOORS INTERNATIONAL USA, INC 92-1154296 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 25a 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 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 c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 5 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

332004 12-21-23

(gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				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 10								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b							
4a	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 a	ccount)?	4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccounts (FBAR).								
			<u>5a</u>		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			,,					
	•		<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		۵.							
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-		Х					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a							
		no roquirod	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		7c		x					
ч		7d	70							
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
•										
8										
	sponsoring organization have excess business holdings at any time during the year?									
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	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	I I								
	Gross income from members or shareholders	11a	4							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		120							
а	Note: See the instructions for additional information the organization must report on Schedule O.		13a							
h	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	13b								
c	Enter the amount of reserves on hand	13c	1							
			14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?		15		х					
	If "Yes," see the 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		Х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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			X							
Sec	tion A. Governing Body and Management			21							
	tion / it deventing body and management		Yes	No							
19	Enter the number of voting members of the governing body at the end of the tax year	1	163	IVO							
ıu	If there are material differences in voting rights among members of the governing body, or if the governing	7									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	1										
2											
_	officer, director, trustee, or key employee?										
3											
	of officers, directors, trustees, or key employees to a management company or other person?										
4											
5											
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		х							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	· ,, g- · · · · · · · · · · · · · · · · · ·	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	Х								
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 approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37								
	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v							
	taxable entity during the year?	16a		X							
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b									
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DO	' FT.	GΔ	нт							
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3										
18	for public inspection. Indicate how you made these available. Check all that apply.	is utily)	avalidi	JI€							
19	Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	rial								
13	statements available to the public during the tax year.	u iiiian	oidi								
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
_0	REHMANN ROBSON - 989.799.9580										
	PO BOX 2025, SAGINAW, MI 48605										
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2023)							

#### Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

X

Page 7

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the instructions for the order in which to list the persons above.

Name and title  Average hours per week (list any hours for related organizations below line)  (1) KURT BRUNER  BOARD MEMBER  (2) DAN OLE SHANI  SECRETARY  (3) GEORGE RYAN BROWN  Average hours per week (list and title)  Average hours per week (list any hours for related organizations to the norm officer and a director/trustee)  (1) KURT BRUNER  (3) GEORGE RYAN BROWN  Average hours per week (list any hours for related organizations to the norm officer and a director/trustee)  (1) KURT BRUNER  (3) GEORGE RYAN BROWN  Average hours per week (list any hours for related organizations to the norm officer and a director/trustee)  (4) Average hours per week (list any hours for related organizations to the organization (W-2/1099-MISC/ 1099-NEC)  (5) The compensation from the organization (W-2/1099-NEC)  (6) not check more than one box, unless person is both an officer and a director/trustee)  (6) not check more than one box, unless person is both an officer and a director/trustee)  (8) The compensation from the organizations (W-2/1099-MISC/ 1099-NEC)  (8) Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC)  (9) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (1) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (1) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (1) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (2) Dan old Shani (M-2/1099-MISC/ 1099-NEC)  (3) GEORGE RYAN BROWN  Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (4) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (4) Average hours per week (list any hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)  (6) Average hours per week (list any ho	Check this box if neither the organizat  (A)	(B)		(C)					(D)	(E)	(F)	
hours per week (list any hours for related organizations below line)  (1) KURT BRUNER  BOARD MEMBER  (2) DAN OLE SHANI  SECRETARY  (3) GEORGE RYAN BROWN  (3) GEORGE RYAN BROWN  (4) SARAH CUNNINGHAM  (5) ALAN MCDOWELL  (1) KURT BRUNER BOURD AND A BROWN  (5) ALAN MCDOWELL  (1) KURT BRUNER BOUNG AND A BROWN  (1) KURT BRUNER BOUNG AND A BROWN  (1) KURT BRUNER BOUNG AND A BROWN  (2) DAN OLE SHANI  (3) GEORGE RYAN BROWN  (4) SARAH CUNNINGHAM  (5) ALAN MCDOWELL  (1) KURT BRUNER BOUNG AND A BROWN  (1) KURT BRUNER BOUNG AND A BROWN  (2) DAN OLE SHANI  (3) GEORGE RYAN BROWN  (4) SARAH CUNNINGHAM  (5) ALAN MCDOWELL  (1) KURT BRUNER  (6) SARAH CUNNINGHAM  (7) SARAH CUNNINGHAM  (8) SARAH CUNNINGHAM  (9) SARAH CUNNINGHAM  (1) KURT BRUNER  (1) SARAH CUNNINGHAM  (2) DAN OLE SHANI  (3) GEORGE RYAN BROWN  (4) SARAH CUNNINGHAM  (5) ALAN MCDOWELL  (6) SALAN MCDOWELL  (7) OLD SARAH CUNNINGHAM  (8) SARAH CUNNINGHAM  (9) SARAH CUNNINGHAM  (1) KURT BRUNER  (1) SARAH CUNNINGHAM  (2) DAN OLE SHANI  (3) GEORGE RYAN BROWN  (4) SARAH CUNNINGHAM  (5) ALAN MCDOWELL  (6) SARAH CUNNINGHAM  (7) OLD SARAH CUNNINGHAM  (8) SARAH CUNNINGHAM  (9) SARAH CUNNINGHAM  (1) KURT BRUNER  (1) KURT BRUNER  (1) SARAH CUNNINGHAM  (1) KURT BRUNER  (1) SARAH CUNNINGHAM  (2) DAN OLE SHANI  (3) GEORGE RYAN BROWN  (4) SARAH CUNNINGHAM  (5) ALAN MCDOWELL  (6) SARAH CUNNINGHAM  (7) OLD SARAH CUNNINGHAM  (8) SARAH CUNNINGHAM  (9) SARAH CUNNINGHAM  (1) SARAH CUNNINGHAM  (2) SARAH CUNNINGHAM  (3) SARAH CUNNINGHAM  (4) SARAH CUNNINGHAM  (5) SARAH CUNNINGHAM  (6) SARAH CUNNINGHAM  (7) SARAH CUNNINGHAM  (8) SARAH CUNNINGHAM  (9)			Position		Position							
week (list any hours for related organizations below line)   week (list any hours for related organizations below line)   week (list any hours for related organizations below line)   week (list any hours for related organizations below line)   week (list any hours for related organizations below line)   week (list any hours for related organizations below line)   week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   week organizations (W-2/1099-MISC/ 1099-NEC)   week organizations (W-2/1099-MISC/ 1099-NEC)   week organizations (week organizations organizations organizations organizations organizations organizations (week organizations (week organizations org	ramo ana mo											
(1) KURT BRUNER  BOARD MEMBER (2) DAN OLE SHANI SECRETARY (3) GEORGE RYAN BROWN (4) SARAH CUNNINGHAM (5) ALAN MCDOWELL  O.10  X  0.149,376. 54,469  0.143,197. 0.143,197. 0.10  X  X  36,923. 0.5,288  32,840. 0.7,096		1 .								·		
(1) KURT BRUNER  BOARD MEMBER (2) DAN OLE SHANI SECRETARY (3) GEORGE RYAN BROWN (4) SARAH CUNNINGHAM (5) ALAN MCDOWELL  O.10  X  0.149,376. 54,469  0.143,197. 0.143,197. 0.10  X  X  36,923. 0.5,288  32,840. 0.7,096		(list any	ctor						the	organizations	compensation	
(1) KURT BRUNER  BOARD MEMBER (2) DAN OLE SHANI SECRETARY (3) GEORGE RYAN BROWN (4) SARAH CUNNINGHAM (5) ALAN MCDOWELL  O.10  X  0.149,376. 54,469  0.143,197. 0.143,197. 0.10  X  X  36,923. 0.5,288  32,840. 0.7,096		hours for	r dire				ted		organization	(W-2/1099-MISC/	from the	
(1) KURT BRUNER  BOARD MEMBER (2) DAN OLE SHANI SECRETARY (3) GEORGE RYAN BROWN (4) SARAH CUNNINGHAM (5) ALAN MCDOWELL  O.10  X  0.149,376. 54,469  0.143,197. 0.143,197. 0.10  X  X  36,923. 0.5,288  32,840. 0.7,096			stee o	ruste			eusa			1099-NEC)		
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(1) KURT BRUNER  BOARD MEMBER (2) DAN OLE SHANI SECRETARY (3) GEORGE RYAN BROWN (4) SARAH CUNNINGHAM (5) ALAN MCDOWELL  O.10  X  0.149,376. 54,469  0.143,197. 0.143,197. 0.10  X  X  36,923. 0.5,288  32,840. 0.7,096		<b>I</b>	dividu	stituti	ficer	iy emi	ghest	rmer			organizations	
BOARD MEMBER	(1) KURT BRUNER		드	드	9	3	王吉	2				
(2) DAN OLE SHANI SECRETARY (4) .00 X X (3) GEORGE RYAN BROWN CEO/EX OFFICIO BOARD MEMBER (4) SARAH CUNNINGHAM COO (5) ALAN MCDOWELL (1) DAN OLE SHANI O. 143,197. O. 143,197. O. 36,923. O. 5,288. O. 7,096.	BOARD MEMBER		х						0.	149,376.	54,469	
(3) GEORGE RYAN BROWN CEO/EX OFFICIO BOARD MEMBER (4) SARAH CUNNINGHAM COO X 32,840. 0. 7,096.	(2) DAN OLE SHANI									•	•	
CEO/EX OFFICIO BOARD MEMBER         X         36,923.         0. 5,288           (4) SARAH CUNNINGHAM         40.00         X         32,840.         0. 7,096           (5) ALAN MCDOWELL         0.10	SECRETARY		Х		Х				0.	143,197.	0.	
(4) SARAH CUNNINGHAM       40.00       X       32,840.       0. 7,096.         (5) ALAN MCDOWELL       0.10       X       32,840.       0. 7,096.	(3) GEORGE RYAN BROWN	40.00										
COO         X         32,840.         0.         7,096.           (5) ALAN MCDOWELL         0.10	CEO/EX OFFICIO BOARD MEMBER				X				36,923.	0.	5,288	
(5) ALAN MCDOWELL 0.10		40.00	-						20.040		7 006	
		0.10	-	_	X		┢		32,840.	0.	7,096.	
			-						_	0	0	
	CHAIRMAN	40.00	^		^		$\vdash$		0.	0.	0.	
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Form 990 (2023) 332007 12-21-23

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)								(D) (E)			(F)		
	Name and title	Average	(do			ition more	າ than c	one	Reportable	Reportable		Es	timate	∍d
		hours per box, unless per officer and a d		rson i	s both	an	compensation	compensatio			ount	of		
		(list any	į į					from from relat the organization				other pensa	tion	
		hours for	Individual trustee or director				pa		organization	(W-2/1099-MIS			om th	
		related	stee or	rustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		orga	anizat	ion
		organizations below	ıal trus	onal tr		oloyee	comp		1099-NEC)				relat	
		line)	dividu	Institutional trustee	Officer	Key employee	ighest	Former				orga	ınizati	ons
		,	드	드	0	포	Ξē	'n.						
				Н							-			
				Н							$\dashv$			
									60.762	202 57	72	6.1	- 01	<u> </u>
	Subtotal								69,763.	292,57	0.	0.0	5,8	$\frac{53.}{0.}$
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								69,763.	292,57		6.6	5 8	
_ <u>u</u> 2	Total number of individuals (including but n								•	•		66,853.		
_	compensation from the organization	ot minica to th	000	11010	u u.	,010	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	, convoca more unam proof,	ooo or reportable	•			0
	<u> </u>												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		X
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from t	ne organization				
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a	•				•			•			_		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich į	oers	on .					5		
1	Complete this table for your five highest con	mpensated ind	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of comp	 nensat	ion fro	m	
•	the organization. Report compensation for t	· ·	-							•	ronout	1011 110		
	(A)				<u> </u>				(B)			(C	;)	
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	C	omper	nsatio	n
								7						
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	l to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				(	)							

Form **990** (2023)

Form 990 (2023) OPEN DO
Part VIII Statement of Revenue

			Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
				•	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			-			
S S			Fundraising events			1			
fts,			Related organizations		500,000.	-			
ية إق					300,000.	-			
Sir.			Government grants (contribution						
utic er		T	All other contributions, gifts, grants	I I _	443,504.				
ë₽		_	similar amounts not included above		4,996.				
no pu		_	Noncash contributions included in lines 1a			7,943,504.			
Oa		n	Total. Add lines 1a-1f		Business Code	7,943,304.			
					Business Code				
<u>ic</u> e	2								
Program Service Revenue		b							
n S		С							
ran 3ev		d							
og F		е							
Ē			All other program service reven						
		g	Total. Add lines 2a-2f						
	3		Investment income (including d	lividends, intere	est, and	_			_
			other similar amounts)		4.			4.	
	4		Income from investment of tax-	exempt bond p	proceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
ē			and sales expenses <b>7b</b>						
her Revenue		С	Gain or (loss) 7c						
Şe			Net gain or (loss)		•				
e			Gross income from fundraising eve						
용	_		including \$						
			contributions reported on line 1						
			Part IV, line 18	·					
		b	Less: direct expenses		+				
			Net income or (loss) from fundr		•				
			Gross income from gaming act						
	_	_	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gamin		1				
			Gross sales of inventory, less re						
	10	u	and allowances	I .					
		h	Less: cost of goods sold			-			
			Net income or (loss) from sales						
$\overline{}$		C	Net income or (loss) from sales	or inventory .	Business Code				
sn	44	•	MISCELLANEOUS		900099	154.			154.
ee ne	"				70007	1940			174.
Miscellaneous Revenue		b							
sce Be		c	All other revenue						
Ž			All other revenue			154.			
		е	Total Add lines 11a-11d			7,943,662.	0.	0.	158.
	12		<b>Total revenue.</b> See instructions			//,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı ∪•	ı •	1 TOO.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,400,000. 3,400,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 19,169. 82,147. 62,978. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 117,648. 4,938. 55,519. 57,191. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,917. 4,063. 19,103. 8,751. Other employee benefits 9 14,127. 1,903. 8,976. 3,248. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 326,235. 1,349,825. 416,099. 607,491. column (A), amount, list line 11g expenses on Sch O.) 219,345. 13,391. 88,546. 117,408. Advertising and promotion 12 22,876. 18,508. 4,368. Office expenses 13 Information technology 14 15 Royalties 7,041. 6,671. 370. 16 Occupancy 56,444. 13,865. 35,989. 6,590. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 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 O.) 254,879. 23,832. 1,770. 229,277. POSTAGE AND SHIPPING BANK FEES 50,977. 50,977. 1,269. 1,333. 64. MISCELLANEOUS С d All other expenses 5,608,559. 3,807,396. 766,405. 1,034,758. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	0.	1	3,817,686
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	333,608
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
ĕ   9	Prepaid expenses and deferred charges	Λ .	9	16,868
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	16	4,168,162
17	Accounts payable and accrued expenses	0.	17	174,991
18	Grants payable	0.	18	1,626,942
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္က 22	Loans and other payables to any current or former officer, director,			
Liabilities N	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>a</u>	controlled entity or family member of any of these persons		22	
⊐   23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	31,126
26	Total liabilities. Add lines 17 through 25	0.	26	1,833,059
	Organizations that follow FASB ASC 958, check here			
8 8	and complete lines 27, 28, 32, and 33.			
<u>E</u> 27	Net assets without donor restrictions		27	
<u>සි</u>   28	Net assets with donor restrictions		28	
[	Organizations that do not follow FASB ASC 958, check here			
돈	and complete lines 29 through 33.			_
ō ชู 29	Capital stock or trust principal, or current funds		29	0
ğ   30	Paid-in or capital surplus, or land, building, or equipment fund	_	30	0
Net Assets or Fund Balances 22 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		31	2,335,103
32	Total net assets or fund balances		32	2,335,103
33	Total liabilities and net assets/fund balances	0.	33	4,168,162

Form **990** (2023)

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,94	3,6	<u>62.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,60	8,5	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2,33	5,1	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
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	2,33	5,1	03.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

Open to Public Inspection

Name of the organization

OPEN DOORS INTERNATIONAL USA,

**Employer identification number** 

OMB No. 1545-0047

92-1154296 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 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.) 11 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 on 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. 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. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

#### 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					7943501.	7943501.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					7943501.	7943501.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1619670.
6	Public support. Subtract line 5 from line 4.						6323831.
	ction B. Total Support	ı		1	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4					7943501.	7943501.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					4.	4.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					154.	154.
11	<b>Total support.</b> Add lines 7 through 10						7943659.
	Gross receipts from related activities,	etc. (see instruction	ons)	1		12	
	First 5 years. If the Form 990 is for the	•	,				_
	organization, check this box and stop	-			•		X
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization	-	
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•			
			,,	, , ,, ,	,		(Farm 000) 0003

#### 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					12.1(.)(2)	
14	First 5 years. If the Form 990 is for the	-			-		
90	check this box and stop herection C. Computation of Publi						
	Public support percentage for 2023 (I			oolumn (f))		15	04
	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves		-			10	70
	Investment income percentage for 20			ne 13 column (f)		17	%
18						18	<del></del>
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

472476.1

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

	Yes	No
_		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F		
<u>5a</u>		
5b		
5c		
50		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
104		
10b		
	m 990)	2023

Schedule A (Form 990

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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		
3	By reason of the relationship described on 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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b Schedule A (Form 990) 2023

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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2023 OPEN DOORS INTERNATION	AL USA,	INC	92-1154296 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		

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

3

4 5

Schedule A (Form 990) 2023

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Dai	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (	/\		
, , , , , , , , , , , , , , , , , , , ,						
		mot numacca		4	Current Year	
	Amounts paid to supported organizations to accomplish exer		1			
2	Amounts paid to perform activity that directly furthers exemp		2			
	organizations, in excess of income from activity		3			
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations	5	4		
<del></del> -	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Dart VI)		5		
_ <del></del> 6	Other distributions (describe in <b>Part VI</b> ). See instructions.	ovide details in Fait VI)		6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
Ū	(provide details in <b>Part VI</b> ). See instructions.	to organization to responsive		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	and a arrest arrange by mile a arrest a	(i)	(ii)		(iii)	
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	s	Distributable Amount for 2023	
_1_	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3_	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
i_	Carryover from 2018 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
_8_	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
d	Excess from 2022					

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

**2023** 

Name of the organization

OPEN DOORS INTERNATIONAL USA, INC

Organization type (check one):

Employer identification number

92-1154296

or garileation type (check one).				
Filers of:		Section:		
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation		
		527 political organization		
Form 990	)-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General l	Rule			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special F	Rules			
:	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year		
answer "I	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).		

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$13,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>15,000.</u>	Person X Payroll

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$6,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$6,000.	Person X Payroll

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Nume, address, and Zii + +	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	- Nume, address, and En 1 1	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	- Nume, address, and En 1 7	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,014.	Person X Payroll

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$8,600 <b>.</b>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>59</u>		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ <u>15,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	Name, address, and ZIF + 4	\$114,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$13,750.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$110,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$ <u>117,000.</u>	Person X Payroll

Name of organization

Employer identification number

#### OPEN DOORS INTERNATIONAL USA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 20,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$ 34,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	Name, address, and ZIF + 4	\$ 20,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$ <u>1,778,543</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# OPEN DOORS INTERNATIONAL USA, INC

	Nonceh Property (see instructions) the duplicate series of Bart	II is additional areas is readed	2 1134250
Part II	Noncash Property (see instructions). Use duplicate copies of Part	ıı ır addıtıonal space is needed.	_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 12-26			Schedule B (Form 990) (2023

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** OPEN DOORS INTERNATIONAL USA, INC 92-1154296 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23 Schedule B (Form 990) (2023)

#### **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 Inspection

Name of the organization

OPEN DOORS INTERNATIONAL USA, INC **Employer identification number** 92-1154296

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the
		(a) Donor advised fund	ds	(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 w	riting that the assets held in c	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	<b>-</b>			2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acquir	•••		
-	on a historic structure listed in the National Register	• • • •		2d
3	Number of conservation easements modified, transferred, rele			
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the peri		andling of	
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan and volunteen neare develous to membering, mepeeting, r	ianamig of violations, and only	oromig comportation	on eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i	)
_	and section 170(h)(4)(B)(ii)?			· — —
9	In Part XIII, describe how the organization reports conservatio			
·	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	oto to the organization o infant		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public	, .		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,
				<b>¢</b>
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	curse or other similar assets		
2				provide
_	the following amounts required to be reported under FASB AS			<b>c</b>
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

#### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 OPEN DOORS	INTERNATIONAL	USA,	INC	92-1154296	Page 3
Part VII Investments - Other Securities					
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See F	Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) M	lethod of valuation: Cost of	or end-of-year market v	alue
1) Financial derivatives					
2) Closely held equity interests					
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See F	orm 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) M	lethod of valuation: Cost of	or end-of-year market v	alue
(1)					
(2)					
(3)					

		Other Assets	,,
Total.	(Col.	b) must equal Form 990, Part X, line 13, col. (B	))

(4) (5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

#### 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.

<u>1.                                    </u>	(a) Description of liability			
(1)	Federal income taxes			
(2)	PAYABLE TO AFFILIATED ENTITY	31,126.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	31,126.		

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) 2023

	edule D (Form 990) 2023 OPEN DOORS INTERNATIONAL  **T XI   Reconciliation of Revenue per Audited Financial Sta			.154296 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, I		. с рол тота	
1	Total revenue, gains, and other support per audited financial statements		1	7,943,662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•
а		2a		
b				
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,943,662.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>.)</u>	5	7,943,662.
Pai	rt XII Reconciliation of Expenses per Audited Financial St	-	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			F 600 FF0
1	Total expenses and losses per audited financial statements		1	5,608,559.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11		
а				
b				
C	Other losses			
d	,	· · · · · · · · · · · · · · · · · · ·	0:	0.
	Add lines 2a through 2d			5,608,559.
3	Subtract line 2e from line 1		3	3,000,339.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
			4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line			5,608,559.
Par	rt XIII Supplemental Information	(8.)	<b>3</b>	3,000,333.
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X	, line 2; Part XI,
PAF	RT X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL I	NCOME UNDER SE	CTION 501(	C)(3) OF
THE	E INTERNAL REVENUE CODE AND AS APPLIED	FOR EXEMPTION	FROM CALIF	'ORNIA
FR <i>P</i>	ANCHISE TAXES UNDER SECTION 23701(D) OF	THE STATE REV	ENUE AND T	AXATION
COI	DE. CONTRIBUTIONS TO THE ORGANIZATION A	RE TAX DEDUCTI	BLE TO DON	ORS UNDER

SECTION 170 OF THE IRC. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

Schedule D (Form 990) 2023

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023** 

Open to Public Inspection

Name of the organization **Employer identification number** 92-1154296 OPEN DOORS INTERNATIONAL USA, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) DUNHAM & COMPANY - 6111 W ADVISE ON STRATEGY AND Yes No PLAN PKWY SUITE #2200, PLANO COORDINATE DISTRIBUTION OF Х 0 3,054,306 -3,054,306. 3,054,306. -3 054 306. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

472476.1

LHA 332081 09-13-23

	rt I	Fundraising Events. Complete if the		"Yes" on Form 990, Pa	rt IV, line 18, or reported	
_		of fundraising event contributions and gro		,		ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
en			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D	8	Entertainment	1			
	9	Other direct expenses			<u> </u>	
	10					
Pa	rt I	Net income summary. Subtract line 10 from light Gaming. Complete if the organization is		990 Part IV line 19 or		
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000, 1 art 14, iii c 10, 01	reported more than	
		,	( ) 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
evel						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			(2)			
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
	_	·,,,,				

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 OPEN DOORS INTERNATIONAL USA, INC 92-1	154296	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
•	Enter the hame and address of the person who propares the organization's gaming special events books and records.		
	Name		
	Address		
	- Addices		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
L			
_	of gaming revenue retained by the third party \$		
C	s If "Yes," enter name and address of the third party:		
	Nama		
	Name		
	Address		
	Address		
40	Constitution and the second desired and the s		
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bliector/officer Employee independent contractor		
17	Mandatany distributions:		
17	•		
а	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		□ Na
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.		
Га		t III, lines 9, 9	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
~~	HEDIU D. G. DADM T. I THE OD I TOM OF MEN HIGHER DATE HUNDRATORDS		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
<i>/</i> T	\ NAME OF FINIDATOED - DIMITAN C COMPANY		
<u>(I</u>	) NAME OF FUNDRAISER: DUNHAM & COMPANY		
<i>,</i> –	\ ADDREGG OF BURDDATGED C111 to DUAN DUCK GUITER #0000 DUANO #	137 7FA	0.2
<u>(I</u>	) ADDRESS OF FUNDRAISER: 6111 W PLAN PKWY SUITE #2200, PLANO, T	'X 750	93
<i>,</i> –	T \ ACMITYTMY ADVITOR ON CODAMEGY AND COORDINAME DIGERINGTON OF	DIDECE	143 T
<u>/ T</u>	I) ACTIVITY: ADVISE ON STRATEGY AND COORDINATE DISTRIBUTION OF	DIKECL	MAI

Schedule G	G (Form 990)	OPEN DOORS	INTERNATIONAL	USA,	INC	92-1154296	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continued)					
					·		
-							

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

OPEN DOOR	<u>.S INTERNA</u>	<u>TIONAL USA,</u>	INC				92-1154296
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records		-			-		
criteria used to award the grants or assis	stance?						X Yes  No
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
OPEN DOORS INTERNATIONAL, INC							
3419 E CHAPMAN AVE #353							
ORANGE, CA 92869	33-0523832	501C(3)	3,400,000.	0.			GENERAL PURPOSE
			1				
2 Enter total number of section 501(c)(3) a	nd government or	anizations listed in th	ne line 1 table				1.
3 Enter total number of other organization	-	~					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the information re	equired in Part I, line	e 2; Part III, columr	h (b); and any other ad	Iditional information.	
RT I, LINE 2:					
ANTING DONE TO A SINGLE US ORGAN	NIZATION U	NDER COMM	ON CONTROL.		

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

**2023** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

OPEN DOORS INTERNATIONAL USA, INC

Employer identification number 92-1154296

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee  X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		Х
h	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
•		6a		Х
a h	The organization? Any related organization?	6b		X
b	, , ,	ab		21
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KURT BRUNER	(i)	0.	0.	0.	0.	0.	0.	0.
BOARD MEMBER	(ii)	149,376.	0.	0.	7,469.	47,000.	203,845.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u>l</u>

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OPEN DOORS INTERNATIONAL USA, INC

Employer identification number 92-1154296

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOSTILE/CLOSED REGIONS AROUND THE WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLIC AWARENESS & MOTIVATION: PROGRAMS DESIGNED TO HELP NORTH AMERICAN CHRISTIANS BECOME AWARE OF THE ISSUES OF GLOBAL CHRISTIAN PERSECUTION AND TO MOBILIZE THEM IN PRAYER FOR THE PERSECUTED CHURCH. EXPENSES \$ 453,300. INCLUDING GRANTS OF \$ 54,888. REVENUE \$ 0. ADVOCACY & RESEARCH: PROGRAMS DESIGNED TO CREATE CREDIBLE RESEARCH DETAILING THE REALITIES AND BREADTH OF CHRISTIAN PERSECUTION. ADDITION TO INFORMING THE CHURCH, THIS RESEARCH IS ALSO USED BY ACEDEMICS, POLITICIANS AND MEDIA NEEDING AUTHORITATIVE YET CREDIBLE RESEARCH ON CHRISTIAN PERSECUTION. THESE PROGRAMS ARE ALSO DESIGNED TO HELP POLITICIANS AND POLICY MAKERS BE AWARE AND INFORMED ON ISSUES OF CHRISTIAN PERSECUTION. EXPENSES \$ 214,905. INCLUDING GRANTS OF \$ 205,921. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE COO AND CEO PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT-OF-INTEREST FORM AT THE TIME THEY BEGIN THEIR BOARD SERVICE AND THEN TO PROVIDE AN ANNUAL UPDATE.

BOARD CHAIR ADDRESSES ANY REAL OR PERCEIVED CONFLICTS WITH THE INDIVIDUAL

EMPLOYEES ARE REQUIRES TO COMPLETE A CONFLICT-OF-INTEREST FORM

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

**DIRECTORS.** 

332211 11-14-23

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization
OPEN DOORS INTERNATIONAL USA, INC

Employer identification number 92-1154296

AT THE TIME OF HIRE AND THEN ARE PROMPTLED ANNUALLY TO PROVIDE AN UPDATE.

IF A CONFLICT IS IDENTIFIED IT IS FIRST REVIEWED BY THE COO WITH POTENTIAL

ESCALATION TO THE CEO.

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

AT THE TIME OF HIRE, THE BOARD PUT FORTH A COMPENSATION PACKAGE THAT WAS

SEEN AS APPROPRIATE BASED ON THE MARKET AND SCOPE OF RESPONSIBILITY. THE

BOARD WILL REVIEW CEO COMPENSATION PERIODICALLY IN THE FUTURE.

AT THE TIME OF HIRE, THE HUMAN RESOURCES (HR) TEAM PUTS FORTH A

COMPENSATION PACKAGE THAT IS SEEN AS APPROPRIATE BASED ON MARKET AND SCOPE

OF RESPONSIBILITY. ANNUAL COST OF LIVING ADJUSTMENTS (COLA) ARE PROVIDED

BASED ON THE SOCIAL SECURITY ADMINISTRATION'S ANNUAL COLA RATE. EVERY

THREE YEARS WE SEEK TO REVIEW JDS AND ADJUST COMPENSATION AS NEEDED TO

ALIGN WITH PREVAILING MARKET CONDITIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS

MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,

WY

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

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

FORM 990, PART VII, SECTION A, LINE 1A

COMPENSATION FROM RELATED ORGANIZATION FOR BOARD MEMBER DAN OLE SHANI INCLUDES 127,590 EUROS AND \$15,607 US DOLLARS.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  OPEN DOORS INTERNATIONAL USA, INC	Employer identification number 92-1154296
OT DOORS INTERMITTENING ODIT, THE	<i>72</i> 1131270
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	326,235.
MANAGEMENT AND GENERAL EXPENSES	416,099.
FUNDRAISING EXPENSES	607,491.
TOTAL EXPENSES	1,349,825.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,349,825.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT HAVE AN AUDIT COMMITTEE IN IT'S F	IRST FULL
YEAR, BUT PLANS TO ADD IN THE FUTURE AS BOARD IS EXPANDED.	

## **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OPEN DOORS INTERNATIONAL USA, INC

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

92-1154296

(-)	(n.)	(-)	(.1)	1 ,		T .	(f)	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-ye				g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more	related tax-exer	npt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
OPEN DOORS INTERNATIONAL, INC 33-0523832 3419 E CHAPMAN AVE #353	MISSIONARY TRAINING/BIBLE				OPEN D	OORS		
ORANGE, CA 92869	DISTRIBUTION	CALIFORNIA	501(C)(3)	PF	USA			Х
	-							

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI amount in box	General managir	Percentage ownership
o, rolatoù organization		(state or foreign	5	(related, unrelated, excluded from tax under sections 512-514)		assets	alloca	itions?	20 of Schedule	partner	1
		country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
							<u> </u>				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								<b>↓</b>	<u> </u>

Schedule R (Form 990) 2023

1a

Page 3

X

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)					1b	Х	
c Gift, grant, or capital contribution from related organization(s)					1c		Х
					1d		X
e Loans or loan guarantees by related organization(s)					1e	Х	
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		Х
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)					1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)					1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)					1k		X
I Performance of services or membership or fundraising solicitations for related org					11		Х
m Performance of services or membership or fundraising solicitations by related org	ganization(s)				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ation(s)				1n		X
					10		X
p Reimbursement paid to related organization(s) for expenses					1p		_X_
q Reimbursement paid by related organization(s) for expenses					1q		_X_
r Other transfer of cash or property to related organization(s)					1r		_X_
s Other transfer of cash or property from related organization(s)					1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered i	relationships and transaction the	hresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of deter	(d) mining amount involv	/ed		
1) OPEN DOORS INTERNATIONAL, INC	В	3,400,000.	ACTUAL				
2) OPEN DOORS INTERNATIONAL, INC	E	31,126.	ACTUAL				
3)							
4)							
"1							
5)							
<b>~</b>							
6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat <b>Yes</b>	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	( )	103	NO	
											-	