Form **990**

В

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2020 calendar year, or tax year beginning

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.

, 2020, and ending

Open to Public Inspection

, **20** 2021

D Employer identification number

	A	ddress change	Door Step Projec	t			1714		
	N	ame change	P.O. Box 1582	C.F.		E Telepho	ne numb	per	
	In	itial return	Franklin, TN 370	65		615	-599	-5777	
	Fir	nal return/terminated							
	Aı	mended return				G Gross r	eceipts \$	\$ 74	,019.
	A	pplication pending	F Name and address of principal	officer:	· · ·	this a group retur		163	X _{No}
	_		Same As C Above		H(b) Are	e all subordinates 'No," attach a list	included	d? Yes	No
I	Tax-	exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	ivo, attacii a iist	. 566 1115	at actions	
J	We	bsite: ► N/	A		H(c) Gro	oup exemption nu	umber 🕨		
K	Forn	n of organization:	X Corporation Trust	Association Other ► L	Year of formation: 20	017 M s	State of le	egal domicile: TN	[
Pa	rt I	Summar	v						
	1	Briefly descri	be the organization's missi	on or most significant activities:To	provide tra	ansition	al h	ousing fo	r
е		survivor	s of domestic vio	lence.					
anc									
Activities & Governance									
λοί	2	Check this bo		n discontinued its operations or disp				sets.	_
8.0	3 4			ning body (Part VI, line 1a)s of the governing body (Part VI, line			3		7
es	5			calendar year 2020 (Part V, line 2a	•		5		0
iviti	6			necessary)	•		6		0
Act	7a			Part VIII, column (C), line 12			7a		0.
,				from Form 990-T, Part I, line 11			7b		0.
						Prior Year		Current Y	ear
ø)	8			1h)		10,8			,825.
'nú	9			2g)		82,8	357.	69	,194.
Revenue	10			A), lines 3, 4, and 7d)					
ш	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			14.0		010
	12			(must equal Part VIII, column (A), I		93,7	/12.	74	<u>,019.</u>
	13		imilar amounts paid (Part I						
	14	•	•	(, column (A), line 4)					
Se	15		er compensation, employee						
Expenses				column (A), line 11e)					
хbе	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ►					
ш	17	Other expens	es (Part IX, column (A), Iir	nes 11a-11d, 11f-24e)		58,8	320.	74	,680.
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A), line 25).		58,8	320.	74	,680.
	19	Revenue less	expenses. Subtract line 1	8 from line 12		34,8	392.		-661.
or Ces						nning of Curren		End of Ye	ar
Assets I Baland	20		•			423,5			<u>,117.</u>
t As	21	Total liabilitie	s (Part X, line 26)			273,0)28.	268	,288.
Net				ne 21 from line 20		150,4	182.	250	,829.
Pa	rt II	Signatur	e Block						
Unde	er pena	Ities of perjury, I de	eclare that I have examined this retu	rn, including accompanying schedules and state	ments, and to the best	of my knowledge	and beli	ef, it is true, correct	t, and
	oloto. D	L.	irer (other than officer) is based on t	an information of which proparer has any known					
٠.		Signatu	re of officer			Date			
Siç He	jn				D				
пе	re		da Crockett print name and title		Воа	ard Membe	er		
		31	preparer's name	Preparer's signature	Date		T., T	PTIN	
_			·	, ,	Jaic	Check	J"		
Pai			K. Humphres CPA	Jamie K. Humphres CPA		self-employe	ea	P00741235	
	epare	.		SSOCIATES, P.C.		Firm to Fix 1	C 0	1605156	
US	se Only Firm's address 342 Cool Springs Blvd STE 101					Firm's EIN		-1625156	
N A -	. 41	IDC dia "		37067		Phone no.	615-	-256-1111	
May	tne -	IKS discuss th	is return with the preparer	shown above? See instructions				. X Yes	No

) (Revenue \$

including grants of

(Expenses

4 e Total program service expenses

Form 990 (2020) Door Step Project 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	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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 Revenue Procedure 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	Х	
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		Х
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.			
ä	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ı	o 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.	11 b		Х
(c 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.	11 c		Х
(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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
I	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18		18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
Ł	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		Х

Form 990 (2020) Door Step Project Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c 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		i
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o 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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.10
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA			990 (2020

Form 990 (2020) Door Step Project

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

			Yes	No
2 8	a 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			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	o If 'Yes,' enter the name of the foreign country▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Λ
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Χ
	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ć	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
۵		۰		
	Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	7.5		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
č	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	1/1-		X
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.0	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body 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 Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8 2 **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 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 only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 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, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Linda Crockett P.O. Box 1582 Franklin TN 37065 615-599-5777

orm 990	(2020)	Door	Sten	Project

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

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

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

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

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

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

		(C)								
(A) Name and title	(B) Average hours	is	both	an o	o not check more ox, unless person n officer and a tor/trustee)			(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Linda Hirsch	0									
Chairman	0	Χ		Χ				0.	0.	0.
_(2) Kathleen Sauseda	0	Х		Х				0.	0.	0.
(3) Barrett Roudabush	0									
Treasurer	0	Χ		Χ				0.	0.	0.
	0	Х						0.	0.	0.
(5) Judy Wells	0	21						· ·	· ·	<u> </u>
Board Member	0	Х						0.	0.	0.
(6) Linda Crockett	0									
Board Member	0	Х						0.	0.	0.
(7) Jody Rall	0									
Board Member	0	Χ						0.	0.	0.
_(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors,	(B)	ney	EM	(C		es, a	anc	a nighest com	ipensateu Emp	oyees (continuea)
(4)		(da	nat ak	•	•	than o		(D)	(E)	Œ	-)
(A) Name and title	Average hours per	box,	, unles	ss pe	erson	tnan d is both or/trust	n an	Reportable compensation from	Reportable compensation from	Estimate	d amount
	week (list any hours	L-	_	_				the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of o	
	for related	Individual trustee or director	litutic	Officer	Key employee	hest i ploye	Former			and re	elated zations
	organiza - tions below	al tru tor	mal to		oloye	comp e					
	dotted line)	stee	nstitutional trustee		o	Highest compensated employee					
			`"			ed					
(15)											
(16)											
(17)											
(18)											
		•									
(19)											
(20)											
(21)											
(22)											
		•									
(23)											
(24)											
<u></u>											
(25)											
1 b Subtotal							>	0.	0.		0.
c Total from continuation sheets to Part VII, S							▶	0.	0.		0.
d Total (add lines 1b and 1c)							•	0.	0.		0.
2 Total number of individuals (including but not lin from the organization ► 0	nited to those I	isted	abov	e) v	who	receiv	ved	more than \$100,00	0 of reportable comp	ensation	
Trom the organization 0										Y	'es No
3 Did the organization list any former officer, or	irector, truste	e, ke	y en	nplo	oyee	, or l	high	nest compensated	employee		
on line 1a? If 'Yes,' complete Schedule J for										. 3	X
4 For any individual listed on line 1a, is the sur the organization and related organizations gr	eater than \$1	50,00	00? /	lf 'Y	′es,'	com	plei	te Schedule J for	from		
such individual										. 4	X
5 Did any person listed on line 1a receive or action for services rendered to the organization? If	'Yes,' comper	isatio ete Sc	n tro chedi	om a ule	any <i>J fo</i>	unre r <i>suc</i>	iate h p	ed organization or erson	ındıviduai	. 5	Х
Section B. Independent Contractors 1. Complete this table for your five highest com	nansatad ind	anan	dent	cor	ntrad	tore	tha	t received more th	22 \$100 000 of		
Complete this table for your five highest com- compensation from the organization. Report com-		the ca	alend	dar y	year	endir	ng w				
(A) Name and business	address							(B) Description (of services	(C) Compens	sation
										•	
2 Total number of independent contractors (includ	-	ited to	tho:	se li	isted	abov	ve) v	who received more	than		
\$100,000 of compensation from the organiza	tion ► 0										20 (2020)

Form **990** (2020)

		Check if Schedule O contains a r	esponse or note to any	line in this Part VI	IL		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants lar Amounts	b c d	Membership dues	1 a 1 b 1 c				
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above	1 e 4,825.				
<u>ਨੂੰ ਫ਼</u>	h	Total. Add lines 1a-1f	Business Code	4,825.			
Program Service Revenue	2a b			69,194.	69,194.		
rvice F	C D		-				
n Se	u e		-				
grar	f	All other program service revenue.					
Pro	g	Total. Add lines 2a-2f		69,194.			
	3	Investment income (including dividend	s, interest, and	·			
	4	other similar amounts)					
	5	Royalties	· ·				
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets (i) Securitie	es (ii) Other				
		other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	С	Gain or (loss) 7c					
		Net gain or (loss)	▶				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
R		See Part IV, line 18	8a				
lhe		Less: direct expenses	8b				
δ		Net income or (loss) from fundraising	ng events				
		Gross income from gaming activities. See Part IV, line 19	9a				
		Less: direct expenses Net income or (loss) from gaming a	9b				
			lettvittes				
	ıva	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of i					
CES			Business Code				
scellaneous Revenue	11 a b c d		_				
	a						
Re	q	All other revenue	_				
Σ		Total. Add lines 11a-11d					
		Total revenue. See instructions		74.019	69.194.	0.	0.

Form 990 (2020) Door Step Project Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must	complete all columns	s. All other or	ganizations must	complete column (A).
Check if S	chedule O contains	a response or note	to any line	in this Part IX	

Do r	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0.	0	0	٥
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages		Ţ,	· ·	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal	615.	615.		
	Accounting	0101	020.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
13	Office expenses	2,909.	2,909.		
14	Information technology	2,303.	2,303.		
15	Royalties				
16	Occupancy	34,121.	34,121.		
	Travel	54,121.	54,121.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	92.		92.	
20	Interest	10,620.	10,620.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,930.	11,930.		
23	Insurance	7,334.	7,334.		
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 O.).				
а	Property & Equip Maintenance	3,325.	3,325.		
	Equipment Rental	2,878.	2,878.		
	Small Equipment Purchases	375.	375.		
	Miscellaneous	155.	155.		
	All other expenses	326.	38.	288.	
25	Total functional expenses. Add lines 1 through 24e	74,680.	74,300.	380.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			110,956.	1	111,966.
	2	Savings and temporary cash investments		L_		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	er officer, I contributo	director, or, or 35%		5	
	c			<u> </u>		3	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	_	Notes and loans receivable, net	. , , ,	` ′		7	
G	7	Inventories for sale or use		L			
et	8			⊢		8	
Assets	9	Prepaid expenses and deferred charges	1 1			9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		437,620.			
	b	Less: accumulated depreciation		30,469.	312,554.	10 c	407,151.
	11	Investments — publicly traded securities		-		11	
	12	Investments – other securities. See Part IV, line 11	<u>-</u>		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)		423,510.	16	519,117.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable	<u> </u>		18		
	19	Deferred revenue	_		19		
	20	Tax-exempt bond liabilities		_		20	
ies	21	Escrow or custodial account liability. Complete Part		L		21	17,036.
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35	%		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>	273,028.	23	251,252.
	24	Unsecured notes and loans payable to unrelated third	parties		,	24	,
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relate plete Part	ed third parties, X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			273,028.	26	268,288.
Jces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X				
a	27	Net assets without donor restrictions			150,482.	27	250,829.
m	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here >				
ō	29	Capital stock or trust principal, or current funds			29		
इ	30	Paid-in or capital surplus, or land, building, or equipn		<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated income		<u> </u>		31	
t A	32	Total net assets or fund balances			150,482.	32	250,829.
뿔	33	Total liabilities and net assets/fund balances			423,510.	33	519,117.
RΔ	^		TEEA0111L	10/07/20	-,-		Form 990 (2020)

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		74,0	19.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		74,6			
3	Revenue less expenses. Subtract line 2 from line 1	3		-6	61.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	50,4	182.		
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	1	01,0	008.		
9	9 Other changes in net assets or fund balances (explain on Schedule O)						
10	· · · · · · · · · · · · · · · · · · ·	10	2	50,8	329.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a					
	b Were the organization's financial statements audited by an independent accountant?		2 b		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat		20		Λ		
	basis, consolidated basis, or both:	ıc					
	Separate basis Consolidated basis Both consolidated and separate basis						
(c 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?		2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b				
3AA	TEEA0112L 10/19/20		Form	990	(2020)		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number Door Step Project 82-1714386 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 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 **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) 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						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			41,075.	10,855.	4,825.	56,755.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	0.	0.	41,075.	10,855.	4,825.	56,755.
6	Public support. Subtract line 5 from line 4						56,755.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0.	0.	41,075.	10,855.	4,825.	56,755.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						56,755.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)	► X
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20 Public support percentage from 2	20 (line 6, column	n (f), divided by lin	ne 11, column (f)))	14	<u>%</u> %
	33-1/3% support test—2020. If the	•	•			<u> </u>	
	and stop here. The organization 33-1/3% support test—2019. If th and stop here. The organization	qualifies as a pub e organization did	olicly supported or I not check a box	ganization on line 13 or 16a	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	Explain in Part \	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the facts-ard-circumstances' t	nd-circumstances est. The organiza	test, check this to tion qualifies as a	oox and stop here a publicly support	Explain in Part \ed organization	/I how the►

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

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

Sec	tion A. Public Support	,	picase complete				
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(3) 2017	(0) 2010	(a) 2313	(6) 2020	(i) Fotor
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 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						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		1			1	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul						
	Public support percentage for 20	• •			•		<u> </u>
	Public support percentage from 2						%
	tion D. Computation of Inv					T T	
		•	• • •	-		H	%
	Investment income percentage for					<u> </u>	8
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check 33-1/3% are the set of the set	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization.	▶ ∐
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ▶ 🔲

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
l0a	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.	10a		
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.).	10b		

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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		
Sec	ction 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		
Sec	ction D. All Type III Supporting Organizations		<u> </u>	
	out. 217 in 1,500 in eapporting enganizations		Yes	No
1	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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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	ction 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).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		inctr	ıctione	-)
	c I he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	1115111	ictions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2a		
	substantially all of its activities.	_u		
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trusinstructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
•	e 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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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	•					
art V	Type III 1	Non-Function	nally Integ	rated 509	(a)(3) Supporting Organization	s (continued)

Sec	tion D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Name of the organization 82-1714386 Door Step Project

Par	Complete if the organization answer	Advised Funds or Other a Pred 'Yes' on Form 990 P	Similar Fund Part IV line (as or Accounts.		
	Complete if the organization answer	(a) Donor advised fund		(b) Funds and	other acco	unts
1	Total number at end of year	(-)		(4) * 44		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
_	Did the organization inform all donors and donor	v advisava in vivitina that the ass	anta la alal imada			
5	are the organization's property, subject to the or	ganization's exclusive legal con	ntrol?		Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit o impermissible private benefit?	, and donor advisors in writing t f the donor or donor advisor, or	that grant funds for any other p	s can be used only burpose conferring	Yes	No
Par	Conservation Easements. Complete if the organization answer	ered 'Yes' on Form 990, P	art IV, line	7.		
1	Purpose(s) of conservation easements held by t					
	Preservation of land for public use (for example	e, recreation or education)	Preservatio	n of a historically imp	ortant land	d area
	Protection of natural habitat	•	Preservatio	n of a certified histor	ic structure	:
	Preservation of open space					
2	Complete lines 2a through 2d if the organization hel last day of the tax year.	d a qualified conservation contribu	ution in the form	of a conservation ease	ement on th	е
				Held at the	End of the	e Tax Year
a	a Total number of conservation easements			. 2a		
Ł	Total acreage restricted by conservation easeme	ents		. 2b		
c	Number of conservation easements on a certifie	d historic structure included in ((a)	2c		
c	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and r	not on a histori	c 2 d		
3	Number of conservation easements modified, transfetax year ►	erred, released, extinguished, or to	erminated by the	e organization during the	ne	
4	Number of states where property subject to conserve	ation easement is located ►				
5	Does the organization have a written policy rega and enforcement of the conservation easements	arding the periodic monitoring, in	nspection, hand	dling of violations,	Yes	□No
6	Staff and volunteer hours devoted to monitoring, ins				uring the ye	ar
7	Amount of expenses incurred in monitoring, inspect ► \$	ing, handling of violations, and en	forcing conserva	ation easements during	the year	
8	Does each conservation easement reported on I and section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requir	rements of sec	tion 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization repor include, if applicable, the text of the footnote to conservation easements.	ts conservation easements in it the organization's financial stat	s revenue and ements that de	expense statement a escribes the organizat	ind balance ion's accou	e sheet, and unting for
Par	Organizations Maintaining Collect Complete if the organization answer	t <mark>ions of Art, Historical Tre</mark> ered 'Yes' on Form 990, P	easures, or Cart IV, line 8	Other Similar Ass 3.	sets.	
1 a	a If the organization elected, as permitted under F historical treasures, or other similar assets held Part XIII the text of the footnote to its financial s	for public exhibition, education,	, or research in	tement and balance : furtherance of public	sheet work service, p	s of art, rovide in
k	b If the organization elected, as permitted under F historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or res	search in further	ance of public service,	provide the	art,
	(i) Revenue included on Form 990, Part VIII, lir	ne 1		▶\$		
	(ii) Assets included in Form 990, Part X			▶\$		
2	If the organization received or held works of art, hist amounts required to be reported under FASB AS	torical treasures, or other similar a SC 958 relating to these items:	assets for financ	ial gain, provide the fo	llowing	
a	a Revenue included on Form 990, Part VIII, line 1.			▶\$		
Ŀ	Assets included in Form 990, Part X			▶\$		

Part III Organizations Maintaining Coll	ections of Art, Histo	rical Treasures, or	Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check ar	ny of the following that m	ake signif	icant use of its	collectio	n	
a Public exhibition	d Loan o	or exchange program					
b Scholarly research	e Other						
c Preservation for future generations							
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	s exempt	ourpose in			
5 During the year, did the organization solicit o to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the r	aintained as part of the or	ganization's collection	?		Yes		No
Escrow and Custodial Arranger line 9, or reported an amount or	ments. Complete if th n Form 990, Part X, I	ne organization and ine 21.	swered	'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets	not included	Yes	Σ	X No
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:				_	_
					Amoun	t	
c Beginning balance			1 с				
d Additions during the year			-			17,	036.
e Distributions during the year							
f Ending balance					1		036.
2a Did the organization include an amount on Fo				, ,			No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	d on Pari	t XIII		· · · · · L	
Dort V Fraderins and Francis is	i de a sussesimadias ass		000	David IV / Lin	- 10		
Part V Endowment Funds. Complete if						Faa	
1 a Beginning of year balance (a) Currer	nt year (b) Prior year	(c) Two years back	(a)	Three years back	(e)	Four years	3 Dack
b Contributions							
c Net investment earnings, gains,							
and losses							
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the curr	ent year end balance (line	e 1g, column (a)) held	as:				
a Board designated or quasi-endowment ▶	<u></u> %						
	0						
c Term endowment ► %							
The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3 a Are there endowment funds not in the possessio organization by:	n of the organization that a	re held and administered	for the			Yes	No
(i) Unrelated organizations					3a(i)		
(ii) Related organizations					3a(ii)		
b If 'Yes' on line 3a(ii), are the related organization	ations listed as required o	n Schedule R?			. 3b		
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.					
Part VI Land, Buildings, and Equipmer	ıt.						
Complete if the organization and	swered 'Yes' on Forn	n 990, Part IV, line	11a. S	ee Form 99	0, Par	t X, lir	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Ac	cumulated reciation	(d)	Book va	lue
1 a Land	120,239.	-				120.	,239.
b Buildings	294,379.			26,912.			,467.
c Leasehold improvements	= - /			939.			,119.
d Equipment	12,944.			2,618.		10,	326.
e Other							
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, c	olumn (B), line 10c.).			-		,151.
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Schedule D (Form 990) 2020

Part VII Investments – Other Securities.	l'Voc' on Form 990	N/A D. Part IV. lino 11b. Soo Form 9	90 Part V line 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives	(B) Book value	(c) method of valuation, dost of ond o	1 your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	-		
Part VIII Investments - Program Related.	LIVI F 000	N/A	00 David V. France 12
Complete if the organization answered (a) Description of investment		J, Part IV, line IIC. See Form 9 (c) Method of valuation: Cost or end-	
	(b) Book value	(c) Method of Valuation: Cost of end-	-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	-		
Part IX Other Assets.	N/A	Ĺ	
Complete if the organization answered		0, Part IV, line 11d. See Form 9	
	escription		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	(D) (' 15)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	······································	
Part X Other Liabilities. Complete if the organization answered 'Yes' on I	Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
	ription of liability	76 01 111. 000 101111 330, 1 art X, 1110 23.	(b) Book value
(1) Federal income taxes	iption of masing		(b) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
(11)			
		•	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Doturn N/A
	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.)	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.) 4 Ab	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	1 2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.) 4 Ab	2 e 3

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

BAA Schedule D (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 82-1714386 Door Step Project

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.