Exempt Organization Business Income Tax Return No. OMB No. 1545-0887

rorm	330-1		(aı	nd proxy tax und	er sec	ction 6033(e))		[	0047		
	•	For ca	lendar year 2017 or other tax ye				R 31, 201	L8 ]	>201/		
	.3		► Go to www	_							
Depart Interna	ment of the Treasury I Revenue Service	▶	Do not enter SSN numbe					). [	Open to Public Inspection for 50 1(c)(3) Organizations Only		
A	Check box if		Name of organization (	Check box if name c	hanged	and see instructions.)			oyer identification number loyees' trust, see		
	address changed		OPEN DOOR MISSION								
<b>B</b> Ex	empt under section	Print	nt D/B/A OPEN DOOR MISSION & LYDIA HOUSE 47-								
	]501(c)(3()	_ or	Number, street, and room	or suite no. If a P.O. box	x, see in:	structions.	<del>-</del>		ated business activity codes		
	408(e) 220(e)	Туре	2828 NORTH					] (000	,		
	408A 530(a)	ļ	City or town, state or pro	vince, country, and ZIP o	r foreigr	postal code					
	529(a)	l _	OMAHA, NE	68110				531	120		
C Bo	ok value of all assets		F Group exemption num	ber (See instructions.)	<b></b>						
ate	12,797 <u>,</u> 9	39.	G Check organization typ	e ► X 501(c) corp	poration	501(c) trust	401(a	) trust	Other trust		
H De	scribe the organizatio	n's prim	nary unrelated business act	vity. > RENTAL	INC	OME					
I Du	ring the tax year, was	the cor	poration a subsidiary in an	affiliated group or a pare	nt-subsi	diary controlled group?	<b>&gt;</b>	Ye	s X No		
lf "	Yes," enter the name a	and ider	itifying number of the parer	nt corporation.							
J Th	e books are in care of	<b>•</b>	MICHAEL JOHN	SON		Telepho	one number 📐 (	402	<u>) 829-1558</u>		
Pa	rt I Unrelate	d Tra	de or Business Inc	come		(A) Income	(B) Expense	8	(C) Net		
1 a	Gross receipts or sale	es									
b	Less returns and allo	wances		c Balance	1c				·		
2	Cost of goods sold (S	Schedul	e A, line 7)		2	0.					
3	Gross profit. Subtrac	t line 2 1	from line 1c		3						
4 a	Capital gain net incor	ne (atta	ch Schedule D)	4a							
b	Net gain (loss) (Form	1 4797, I	Part II, line 17) (attach Forn	n 4797)	4b						
C	Capital loss deduction	n for tru	ests		4c	<u></u>					
5	Income (loss) from p	artners	hips and S corporations (at	tach statement)	5	<u> </u>					
6	Rent income (Schedu	ule C)			6	<del></del>					
7	Unrelated debt-financed income (Schedule E)				7	36,000.	50,4	<u> 116.</u>	-14,416.		
8	Interest, annuities, ro	yaltıes,	and rents from controlled o	organizations (Sch. F)	8						
9	Investment income of	f a sect	ion 501(c)(7), (9), or (17) c	rganızatıon (Schedule G)	9						
10	Exploited exempt act	ivity inc	ome (Schedule I)		10						
11	Advertising income (	Schedu	le J)		11						
12	Other income (See in	structio	ns; attach schedule)		12	<del></del>					
13	Total. Combine line:	s 3 thro	ugh 12		13	36,000.		416.	<u>-14,416.</u>		
Pa			ot Taken Elsewhe								
	•		outions, deductions mus				s income )		<del>,</del>		
14	Compensation of of	fficers, c	ee instructions for limitation 4562) on Schedule A and elsewher ompensation plans	edule K)	$\neg$			14			
15	Salaries and wages			CEIVEL	-nol			15			
16	Repairs and mainte	nance		RECEI	181			16			
17	Bad debts		۱ ر	27 2018	19	ł		17_	<del></del>		
18	Interest (attach sch	edule)	/జ్ఞ/	AUG Z		;		18	<u> </u>		
19	Taxes and licenses			1	TT.	٦		19	<u> </u>		
20	Charitable contribut	tions (S	ee instructions for limitation	I Lules GDEN	سنو	1 1		20_	<del></del>		
21	Depreciation (attach	h Form	4562)	00		21	<del></del>	┨			
22	Less depreciation c	laimed (	on Schedule A and elsewhë	re on return		22a		22b	0.		
23 24	Depletion							23_			
<b>524</b>	Contributions to de	ferred c	ompensation plans					24			
<b>≥25</b>	Employee benefit p	rograms	5					25	ļ		
25 26 27 28	excess exempt exp	G11262 (	ochedule i)					26	<del> </del>		
<b>27</b>	Excess readership of							27_	<del> </del>		
	Other deductions (a							28			
=29 -30	Total deductions.				-11 -	26 1 42		29	0.		
			income before net operation		ict line 2		TERRESTON 1	30	-14,416.		
<b>e</b> 31			on (limited to the amount or			SEE STAT	EMENT I	31	1 4 416		
<b>\$</b> 32			income before specific ded			30		32	-14,416.		
333 634			lly \$1,000, but see line 33 i			ub. 1 00 -1- 11-		33	1,000.		
034	Unrelated huginess	e taxabl	e income. Subtract line 33	from line 32. If line 33 is	greater	tnan line 32, enter the sr	nalier of zero or	1	I		

Form 990-T			47-0	411375		Page 2
Part I	Tax Computation					
35	Organ izations Taxable as Corporations See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here   See instructions an	nd:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	er):				
	(1) \$ (2) \$ (3) \$					
b	Enter Organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
С	Income tax on the amount on line 34		- <del></del>	<b>▶</b> 35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	4 from:			
-	Tax rate schedule or Schedule D (Form 1041)			▶ 36		
37	Proxy tax. See instructions			▶ 37		
38	Altern ative minimum tax			38		
39	Tax on Non-Compliant Facility Income. See instructions			39		
40	<b>Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		0.
Part I						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
	Other credits (see instructions)	41b				
	General business credit. Attach Form 3800	41c		<u> </u>		
C	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		<del> </del>		
0		<u>  410  </u>		41e		
	Total credits. Add lines 41a through 41d Subtract line 41e from line 40			42		0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8697	ee [ ]	Other (attach sched			<u> </u>
43			Utilici (attach schedi			0.
44	Total tax. Add lines 42 and 43	1450		44		<u> </u>
	Paym ents: A 2016 overpayment credited to 2017	45a		<del> </del>		
b	2017 estimated tax payments	45b				
C	Tax d eposited with Form 8868	45c		<del> </del>		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
е	Backup withholding (see instructions)	45e				
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f				
g	Other credits and payments: Form 2439	_				
	Form 4136 Other Total ▶	45g				
46	Total payments. Add lines 45a through 45g			46		
47	Estim ated tax penalty (see instructions). Check if Form 2220 is attached			47		
48	Tax d ue. If line 46 is less than the total of lines 44 and 47, enter amount owed			48		<u>0.</u>
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		1	49		<u>0.</u>
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded	<b>▶</b> 50		
Part					<del></del>	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	e or other	authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	-				
	FinCE N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign c	ountry			
	here <b>&gt;</b>				_	<u> </u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or to	ransferor	to, a foreign trust?			X
	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete Declaration preparer (other than taxpayer) is based on all information of which preparer	statements	s, and to the best of my	y knowledge and belief,	it is true,	
Sign	Correct, and compare organizations, prepare (cities that taxpayer) is based on an information of which prepare		Kilowicage	May the IRS discuss	this return	with
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20 1)U	w M1552	the preparer shown		with
	Signature of officer Date Title	<u> </u>	<del></del>	instructions)?	Yes	No
	Print/Type preparer's name Preparer's signature Da	ate	Check	ıf PTIN		
D-:-	Nigo-Clare De la		self- emplo	yed		
Paid	DEYNANC ROUSE   NING (NO. 108	8/15/		P0036	53036	}
Prep	alei Company D C		Firm's EIN		52581	
Use	13616 CALIFORNIA ST. STE 300					
	Firm's address ► OMAHA, NE 68154-5336		Phone no	402-496	<u>-88</u> 00	<u>J</u>

## Form 990-T (2017) D/B/A OPEN DOOR MISSION & LYDIA HOUSE

Schedule A - Cost of Goods	Sold. Enter	method of invent	orv v	aluation N/A	_					—
1 Inventory at beginning of year	1	0.		Inventory at end of year			6			0.
2 Purchases	2			Cost of goods sold Sul		ine 6	۰	<del> </del>		<u> </u>
3 Cost of labor	3		'	from line 5. Enter here a						
4a Additional section 263A costs	<del></del>			line 2	and mi	art i,	7	İ		
(attach schedule)	4a		8	Do the rules of section 2	263A /\	with respect to		Y	- T	No
<b>b</b> Other costs (attach schedule)	4b		U	property produced or a					+	
5 Total. Add lines 1 through 4b	5			the organization?	oquiloc	Tiol result) apply to				х
Schedule C - Rent Income (		Property and	Pei		P350	ed With Real Pro	ner	<u></u>		<u> </u>
(see instructions)							<b></b>			
1. Description of property										
(1)										
(2)		,								
(3)										
(4)										
	2. Rent receiv	ed or accrued								_
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for pe	rsona	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) as		ected with the incol (attach schedule)	me in	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part i, line 6, column (B)	<b>•</b>			0.
Schedule E - Unrelated Deb	t-Financed	l <b>Income</b> (see i	nstru	ctions)						
			2	. Gross income from		<ol> <li>Deductions directly control debt-finance</li> </ol>				
1. Description of debt-fin	anced property		_	or allocable to debt-	(a)	Straight line depreciation	T	(b) Other deduc	deductions	
TI becomplied of debt in	anoca property		financed property		(attach schedule)			(attach schedule)		
					S'	TATEMENT 2		ATEMENT		<u> </u>
(1) RENTAL PROPERTY				36,000.		44,256	•	6,	16	<u>0.</u>
(2)										
(3)							4	<del></del>		
(4)						···· <u></u>				
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dec (column 6 x total o 3(a) and 3(l	f colu	
(1) 1.	·	1.		100.00%		36,000		50,	41	6.
(2)				%	_					
(3)		Ť		%			1			
(4)				%		· <u>···</u>	$\top$			
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals				<b></b>		36,000		50,	41	6.
Total dividends-received deductions inc	cluded in column	n 8		- 1		30,000				0.
				<del></del>						

Form 990-T (2017) D/B/A Schedule F - Interest,	OPEN DOOR Annuities Roya	MISSI	ON &	LYDIA	HOUSI entrolle	ed Organiz	atio	47-04	1137	'5 Page 4
Oorleadie 1		<u> </u>		Controlled O				(366 1113	Struction	18)
1. Name of controlled organiza	Identi	mployer fication mber	3. Net unre	elated income instructions)	4. Tota	al of specified nents made	includ	t of column 4 led in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)									-+	
(1)				·					+	
(2)										
(3)	_								-	
Nonexempt Controlled Organi	ızatıons		<u>.                                    </u>				L			
7 Taxable Income	8. Net unrelated inco	me (toss)	Q Total	of specified pay	ments	10. Part of colur	nn Q ths	at is included	11 D	eductions directly connected
7.	(see instruction		J. rotar (	made	nonts	in the controlli	ng orga Income	nization's		h income in column 10
(1)	-									
(2)								·		
(3)										
(4)								-		
			•			Add colum Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					<b>▶</b>			0.	i 	0.
Schedule G - Investme (see inst	ent Income of a tructions)	Section	1 501(c)(ī	7), (9), or	(17) Or	ganization	l 			
1. Desc	cription of income			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited (see instri	-	y Incom	e, Other	r Ihan Ad	lvertisii	ng Income	) 			·
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (cominus colum gain, compute through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	<b>6</b> . Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-		~				
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals	0.		0.	L						0.
Schedule J - Advertisi										
Part I Income From	Periodicals Rep	oorted o	n a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (toss) (co col 3) If a ga cols 5 th	ising gain of 2 minus ain, compute arough 7	5. Circulati		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	<u> </u>	0.	0					L	_	0 • Form <b>990-T</b> (2017)

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Form 990-T (2017) D/B/A OPEN DOOR MISSION & LYDIA HOUSE 47-04113

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>▶</b>	0.	0.	}			0

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2017)

FORM 990-T	NET	OPERATING	LOSS DEDI	JCTION	STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS: APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR	
03/31/14 03/31/15 03/31/16 03/31/17	8,114. 18,573. 22,420. 14,925.		0. 0. 0.	8,114. 18,573. 22,420. 14,925.	8,11 18,57 22,42 14,92	3. 0.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	=	64,032.	64,03	2.
FORM 990-T	SCHEDULE	E - DEPRECIA	ATION DEI	DUCTION	STATEMENT	2
DESCRIPTION			ACTIVI' NUMBEI		TOTAL	
RENTAL PROP		- SUBTOTAL	- 1	44,256	. 44,2	56.
TOTAL OF FO	RM 990-T, SCHEDUL	E E, COLUMN	3(A)		44,2	56.
FORM 990-T	SCHEDU	LE E - OTHE	R DEDUCT:	IONS	STATEMENT	3
DESCRIPTION			ACTIVI:		TOTAL	
INTEREST EX		- SUBTOTAL	- 1	6,160	6,1	60.
TOTAL OF FO	RM 990-T, SCHEDUL	E E, COLUMN	3(B)		6,1	60.