

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2008** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization OPEN YOUR HEART TO THE HUNGRY AND HOMELESS		D Employer identification number 36-3488089
		Doing Business As		E Telephone number 651-224-8011
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 986,792.
121 EAST 7TH PLACE		110	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
City or town, state or country, and ZIP + 4 ST PAUL, MN 55101-0706		F Name and address of principal officer:		

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.OYH.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1986** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ALLEVIATE HUNGER AND HOMELESSNESS IN MINNESOTA.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4
	5 Total number of employees (Part V, line 2a)	5 6
	6 Total number of volunteers (estimate if necessary)	6
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 809,598. Current Year 967,390.
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,667. 3,692.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,735. 10,235.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	824,000. 981,317.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	597,992. 739,115.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,251. 120,041.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,511.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	49,788. 60,519.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	739,031. 919,675.	
19 Revenue less expenses. Subtract line 18 from line 12	84,969. 61,642.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 950,989. End of Year 970,109.
	21 Total liabilities (Part X, line 26)	66,051. 23,529.
	22 Net assets or fund balances. Subtract line 21 from line 20	884,938. 946,580.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____

▶ **TREASURER**
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date 06/01/09	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 THOMAS LEWIS & ASSOCIATES, P.A. 241 S CLEVELAND SUITE 2A ST. PAUL, MINNESOTA 55105	EIN ▶	Phone no. ▶ (651) 690-5498	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO ALLEVIATE HUNGER AND HOMELESSNESS IN MINNESOTA BY FUNDING ORGANIZATIONS THAT PROVIDE FOOD, HOUSING AND EDUCATIONAL OPPORTUNITIES AND ADVOCATE FOR THE HUNGRY AND HOMELESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 603,622. including grants of \$) (Revenue \$) PROVIDED FINANCIAL ASSISTANCE STATEWIDE TO LOCAL FOOD SHELVES, FOOD BANKS AND ON-SITE FEEDING PROGRAMS, HOMELESS SHELTERS AND TRANSITIONAL AND PERMANENT SUPPORTIVE HOUSING PROGRAMS

4b (Code:) (Expenses \$ 135,493. including grants of \$) (Revenue \$) PROVIDED EDUCATION GRANTS TO HOMELESS SHELTERS AND HOUSING PROGRAMS THAT SERVE THEM. PROVIDING STUDENTS WITH SCHOOL SUPPLIES, ACTIVITY FEES AND OTHER NECESSITIES FOR A GOOD EDUCATION HELPS THEM TO SUCCEED IN SCHOOL.

4c (Code:) (Expenses \$ 47,089. including grants of \$) (Revenue \$) RAISED AWARENESS OF HUNGER AND HOMELESSNESS THROUGH PUBLICATIONS, PRESENTATIONS AND A WEBSITE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 786,204. (Must equal Part IX, Line 25, column (B).)

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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 in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?		X
15b	Other officers or key employees of the organization?		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
THE ORGANIZATION - 651-224-8011
121 EAST 7TH PLACE, NO. 110, ST PAUL, MN 55101-0706

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ARNA YETTER EXECUTIVE DIRECTOR	30.00	X			X		50,998.	0.	0.	
YOJI SHIMIZU PRESIDENT	2.00	X					0.	0.	0.	
TONYA BROWNLOW VICE PRESIDENT	2.00	X					0.	0.	0.	
SHANNAH MOORE SECRETARY	2.00	X					0.	0.	0.	
ROGER HENRY TREASURER	2.00	X					0.	0.	0.	
AUDREY ANDERSON DIRECTOR	1.00	X					0.	0.	0.	
MAUREEN FLANAGAN DIRECTOR	1.00	X					0.	0.	0.	
CHRISTINA GIESE DIRECTOR	1.00	X					0.	0.	0.	
PAUL GIFFORD DIRECTOR	1.00	X					0.	0.	0.	
KATHRYN GRAFSGAARD DIRECTOR	1.00	X					0.	0.	0.	
LIZA STOLTZ HANSON DIRECTOR	1.00	X					0.	0.	0.	
CALEB JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
NEETI KAMBALE DIRECTOR	1.00	X					0.	0.	0.	
MARK KASZYNSKI DIRECTOR	1.00	X					0.	0.	0.	
ANDREW KLEIN DIRECTOR	1.00	X					0.	0.	0.	
MATT PELLOWSKI DIRECTOR	1.00	X					0.	0.	0.	
NORMA RENVILLE DIRECTOR	1.00	X					0.	0.	0.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JODI SCHOH DIRECTOR	1.00	X						0.	0.	0.
A. LOUISE SELISKI DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA SHAFFER DIRECTOR	1.00	X						0.	0.	0.
DANIELLE TESSMER DIRECTOR	1.00	X						0.	0.	0.
WENDY WEHR DIRECTOR	1.00	X						0.	0.	0.
1b Total								50,998.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 967,390.			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		967,390.		
	2 a _____	Business Code			
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,692.		3,692.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross Rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 11,773.			
	b Less: direct expenses	b 5,475.			
	c Net income or (loss) from fundraising events		6,298.		6,298.
	9 a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a REFUND PRIOR YEAR GRAN		3,937.		3,937.	
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		3,937.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		981,317.	0.	0.	13,927.

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Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 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 governments and organizations in the U.S. See Part IV, line 21	739,115.	739,115.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,998.	8,670.	12,750.	29,578.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	69,043.	11,737.	17,260.	40,046.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,006.		4,006.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	5,737.		5,737.	
12 Advertising and promotion				
13 Office expenses	2,695.	1,347.	674.	674.
14 Information technology				
15 Royalties				
16 Occupancy	10,487.	1,783.	2,622.	6,082.
17 Travel	2,962.	503.	741.	1,718.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	265.	45.	66.	154.
23 Insurance	2,672.	454.	668.	1,550.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>WEBSITE</u>	17,799.	17,799.		
b <u>PRINTING, PUBLICATIONS</u>	5,679.	4,316.	398.	965.
c <u>CAMPAIGN EXPENSE</u>	4,260.			4,260.
d <u>TELEPHONE</u>	1,953.	332.	488.	1,133.
e <u>CONTINUING EDUCATION</u>	1,399.		1,399.	
f All other expenses	605.	103.	151.	351.
25 Total functional expenses. Add lines 1 through 24f	919,675.	786,204.	46,960.	86,511.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

OPEN YOUR HEART TO THE HUNGRY AND HOMELESS

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	176,736.	2	124,483.
	3 Pledges and grants receivable, net	770,898.	3	837,085.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	680.	9	1,910.
	10a Land, buildings, and equipment: cost basis ...	6,317.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	5,650.	191.	667.
	11 Investments - publicly traded securities	2,484.	11	5,964.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	950,989.	16	970,109.	
Liabilities	17 Accounts payable and accrued expenses	3,721.	17	6,529.
	18 Grants payable	62,330.	18	17,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	66,051.	26	23,529.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	114,040.	27	102,294.
	28 Temporarily restricted net assets	770,898.	28	844,286.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	884,938.	33	946,580.	
34 Total liabilities and net assets/fund balances	950,989.	34	970,109.	

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a 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?	3a		X
b If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **OPEN YOUR HEART TO THE HUNGRY AND HOMELESS** Employer identification number **36-3488089**

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: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	780,532.	826,994.	763,156.	809,598.		3180280.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	780,532.	826,994.	763,156.	809,598.		3180280.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						3180280.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	780,532.	826,994.	763,156.	809,598.		3180280.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	622.	1,662.	1,163.	3,667.		7,114.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						3187394.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.78 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.55 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization OPEN YOUR HEART TO THE HUNGRY AND HOMELESS
Employer identification number 36-3488089

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a** Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,317.	5,650.	667.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				667.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	981,317.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	919,675.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	61,642.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	61,642.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	981,317.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	981,317.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	981,317.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	919,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	919,675.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	919,675.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **OPEN YOUR HEART TO THE HUNGRY AND
HOMELESS**

Employer identification number
36-3488089

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIN DAH YUNG OUR HOME SHELTER 1089 PORTLAND AVE ST PAUL, MN 55104	41-1697692		6,153.	0.			EDUCATION GRANTS
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889		8,735.	0.			EDUCATION GRANTS
ASCENSION PLACE 2634 RUSSELL AVE N MINNEAPOLIS, MN 55411	41-1396238		16,937.	0.			FOOD, SHELTER & EDUCATION GRANTS
BI-COUNTY COMMUNITY ACTION PROGRAMS, INC. - PO BOX 579 - BEMIDJI, MN 56619	41-0885981		11,899.	0.			FOOD, SHELTER & EDUCATION GRANTS
CABRINI PARTNERSHIP 1025 SIXTH ST SE MINNEAPOLIS, MN 55414	41-1509336		9,278.	0.			FOOD & SHELTER GRANTS
CASA GUADALUPANA PO BOX 7244 ST PAUL, MN 55107	45-0511644		8,400.	0.			FOOD & SHELTER GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2008

OPEN YOUR HEART TO THE HUNGRY AND HOMELESS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 1: TO QUALIFY FOR RECEIVING A GRANT, AN

ORGANIZATION MUST SIGN (BY TWO PRINCIPALS) AN AFFIDAVIT OF COMPLIANCE THAT:

1) THE DETERMINATION LETTER RECEIVED BY THE ORGANIZATION FROM THE IRS

ACKNOWLEDGES THAT THE CHARITABLE ORGANIZATION IS A 501(C)(3) ORGANIZATION

AND THAT SUCH STATUS REMAINS IN EFFECT.

2) CONTRIBUTIONS TO THE ORGANIZATION ARE DEDUCTIBLE FOR FEDERAL AND

MINNESOTA INCOME TAX PURPOSES PURSUANT TO SECTION 170 OF THE INTERNAL

REVENUE CODE.

3) THE ORGANIZATION IS IN COMPLIANCE WITH ALL THE RELEVANT PROVISIONS OF

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **OPEN YOUR HEART TO THE HUNGRY AND
HOMELESS**

**Employer identification number
36-3488089**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 1200 2ND AVE S MINNEAPOLIS, MN 55403	41-1302487		11,519.	0.			FOOD, SHELTER & EDUCATION GRANTS
CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN - PO BOX 367 - ST CLOUD, MN 56302	41-1344743		11,406.	0.			FOOD, SHELTER & EDUCATION GRANTS
CLEAR WATERS LIFE CENTER 256 2ND AVE SW CLEARBROOK, MN 56634	77-0643868		10,000.	0.			FOOD & SHELTER GRANTS
RUTH'S HOUSE OF HOPE PO BOX 813 FARIBAULT, MN 55021	87-0709671		5,000.	0.			FOOD & SHELTER GRANTS
DAKOTA WOODLANDS INC 3430 WESCOTT WOODLANDS EAGAN, MN 55123	41-1424653		11,060.	0.			FOOD, SHELTER & EDUCATION GRANTS
OUR SAVIOUR'S OUTREACH MINISTRIES 2315 CHICAGO AVE S MINNEAPOLIS, MN 55404	20-0810105		7,213.	0.			FOOD & SHELTER GRANTS
ELIM TRANSITIONAL HOUSING INC. 3989 CENTRAL AVE NE STE 565 MINNEAPOLIS, MN 55421	36-3381870		5,697.	0.			EDUCATION GRANTS
FAMILY HOUSING FUND 801 NICOLLET MALL STE 1650 MINNEAPOLIS, MN 55402	41-1380923		16,200.	0.			FOOD & SHELTER GRANTS

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

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FAMILY PATHWAYS 200 S CLEVELAND AVE CAMBRIDGE, MN 55008	41-1332828		7,321.	0.			FOOD & SHELTER GRANTS
LUTHERAN SOCIAL SERVICES 2414 PARK AVE MINNEAPOLIS, MN 55404	41-0872993		10,000.	0.			FOOD & SHELTER GRANTS
THE EVERGREEN HOUSE INC. PO BOX 662 BEMIDJI, MN 56619	41-1297737		14,482.	0.			FOOD, SHELTER & EDUCATION GRANTS
PELICAN RAPIDS FOOD SHELF PO BOX 592 PELICAN RAPIDS, MN 56572	41-1591403		10,000.	0.			FOOD & SHELTER GRANTS
NORTHWOODS COALITION FOR BATTERED WOMEN INC - PO BOX 563 - BEMIDJI, MN 56619	41-1333404		11,189.	0.			FOOD, SHELTER & EDUCATION GRANTS
PEOPLE SERVING PEOPLE 614 S 3RD ST MINNEAPOLIS, MN 55415	41-1443148		16,888.	0.			FOOD, SHELTER & EDUCATION GRANTS
NEW FOUNDATIONS INC. 1145 WESTMINSTER ST ST PAUL, MN 55130	41-1798573		9,635.	0.			FOOD & SHELTER GRANTS
RED WING AREA COALITION FOR TRANSITIONAL HOUSING - 480 8TH ST, PO BOX 62 - RED WING, MN 55066	41-1720180		7,254.	0.			EDUCATION GRANTS

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THE SALVATION ARMY-ALBERT LEA 302 COURT ST ALBERT LEA, MN 56007	41-0698597		9,842.	0.			FOOD & SHELTER GRANTS
SISTERS CAMELOT 3649 CHICAGO AVE MINNEAPOLIS, MN 55407	41-1901781		9,685.	0.			FOOD & SHELTER GRANTS
EMERGENCY FOODSHELF NETWORK INC. 8501 45TH AVE N NEW HOPE, MN 55428	41-1246504		8,000.	0.			FOOD & SHELTER GRANTS
WAYSIDE HOUSE INC. 3705 PARK CENTER BLVD ST LOUIS PARK, MN 55416	41-0873104		5,000.	0.			FOOD & SHELTER GRANTS
UNION GOSPEL MISSION-DULUTH 219 E 1ST ST DULUTH, MN 55802	41-0724066		14,140.	0.			FOOD, SHELTER & EDUCATION GRANTS
PILLSBURY UNITED COMMUNITIES 420 15TH AVE S MINNEAPOLIS, MN 55454	41-0916478		9,278.	0.			FOOD & SHELTER GRANTS
MINNESOTA COALITION FOR THE HOMELESS - 2233 UNIVERSITY AVE W STE 434 - ST PAUL, MN 55114	41-1601248		6,800.	0.			FOOD & SHELTER GRANTS
PARTNERS FOR AFFORDABLE HOUSING 105 N 5TH ST MANKATO, MN 56001	36-3333949		6,591.	0.			FOOD & SHELTER GRANTS

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PEOPLE INCORPORATED 317 YORK AVE ST PAUL, MN 55130	41-0962296		10,000.	0.			FOOD & SHELTER GRANTS
THE FAMILY PLACE 244 E 10TH ST ST PAUL, MN 55101	41-2003333		10,000.	0.			FOOD & SHELTER GRANTS
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD - DULUTH, MN 55811	36-3479964		10,000.	0.			FOOD & SHELTER GRANTS
SOJOURNER PROJECT INC. PO BOX 272 HOPKINS, MN 55343	41-1363580		12,425.	0.			FOOD, SHELTER & EDUCATION GRANTS
WOMEN OF NATIONS INC. 73 LEECH ST ST PAUL, MN 55102	41-1447503		12,119.	0.			FOOD, SHELTER & EDUCATION GRANTS
MINNESOTA ASSISTANCE COUNCIL FOR VETERANS - 360 ROBERT ST N STE 360 - ST PAUL, MN 55101	41-1694717		10,000.	0.			FOOD & SHELTER GRANTS
SHARING AND CARING HANDS INC. 525 N 7TH ST MINNEAPOLIS, MN 55405	36-3412619		17,444.	0.			FOOD, SHELTER & EDUCATION GRANTS
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE N MINNEAPOLIS, MN 55411			10,000.	0.			FOOD & SHELTER GRANTS

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FIRST LUTHERAN CHURCH 463 MARIA AVE ST PAUL, MN 55106	41-0693959		10,000.	0.			FOOD & SHELTER GRANTS
WASECA AREA NEIGHBORHOOD SERVICE CENTER - 203 3RD AVE NW - WASECA, MN 56093	41-1452216		8,000.	0.			FOOD & SHELTER GRANTS
UNION GOSPEL MISSION-ST PAUL 77 E 9TH ST ST PAUL, MN 55101	41-0705847		10,000.	0.			FOOD & SHELTER GRANTS
FACE TO FACE HEALTH AND COUNSELING 1165 ARCADE ST ST PAUL, MN 55106	41-0986780		6,900.	0.			FOOD & SHELTER GRANTS
WOMEN'S TRANSITIONAL HOUSING COALITION - 1401 E 2ND ST APT A - DULUTH, MN 55805	41-1586200		13,828.	0.			FOOD, SHELTER & EDUCATION GRANTS
FARGO-MOORHEAD DOROTHY DAY HOUSE 714 8TH ST S MOORHEAD, MN 56560	41-1452555		10,000.	0.			FOOD & SHELTER GRANTS
METRO-WIDE ENGAGEMENT FOR SHELTER AND HOUSING - 740 E 17TH ST - MINNEAPOLIS, MN 55404			7,000.	0.			FOOD & SHELTER GRANTS
WOMEN'S ADVOCATES INC. 588 GRAND AVE ST PAUL, MN 55102	23-7310701		7,595.	0.			EDUCATION GRANTS

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Part IV Supplemental Information

CHAPTER 209 OF THE MINNESOTA STATUTES AND CHARTERED TO ADMINISTER FOOD AND/OR SHELTER PROGRAMS FOR THE HOMELESS.

Lined area for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization

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FORM 990, PART VI, SECTION A, LINE 10: BOARD OF DIRECTORS REVIEWS AND APPROVES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ALL EMPLOYEES AND BOARD MEMBERS TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. WHEN A CONFLICT ARISES DURING THE YEAR, THE ORGANIZATION REQUIRES DISCLOSURE AND DOCUMENTATION IN THE BOARD MEETING MINUTES AND REQUIRES THE PERSON WITH A CONFLICT TO DISABUSE HIMSELF OR HERSELF FROM ANY PARTICIPATION IN THE CONTRACT OR TRANSACTION IN QUESTION AND TO ABSTAIN FROM ANY VOTING RELATED TO THE CONTRACT OR TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990 IS AVAILABLE VIA THE ORGANIZATION'S WEBSITE OR UPON REQUEST.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	COPY MACHINE	111300	SL	5.00	16	2,000.			2,000.	2,000.		0.
2	OFFICE EQUIPMENT	121301	SL	5.00	16	1,803.			1,803.	1,803.		0.
3	DELL COMPUTERS (3)	052404	SL	4.00	16	1,473.			1,473.	1,319.		154.
4	SCANNER	063004	SL	4.00	16	300.			300.	263.		37.
5	COMPUTER	062308	SL	5.00	16	741.			741.			74.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					6,317.		0.	6,317.	5,385.	0.	265.
	* GRAND TOTAL 990 PAGE 10 DEPR					6,317.		0.	6,317.	5,385.	0.	265.