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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization:  
OPEN DOOR YOUTH OUTREACH OF MIDLAND  

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
1215 S 4 3/4 MILE RD  

City or town, state or country, and ZIP + 4  
MIDLAND, MI 48640

D Employer identification number:  
38-2161429  
E Telephone number:  
(989) 835-2291  
F Group Exemption Number: ☐

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ☐

I Website: ☐ mdlandopendoor.org  
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)—☒ 501(c)(3) (Insert no ) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 160,741

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )					
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .		1	133,768
	2	Program service revenue including government fees and contracts . . . . .		2	
	3	Membership dues and assessments . . . . .		3	
	4	Investment income . . . . .		4	1,603
	5a	Gross amount from sale of assets other than inventory . . . . .	5a 3,081	5c	3,081
	b	Less cost or other basis and sales expenses . . . . .	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .			
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		6c	0
	a	Gross revenue (not including \$ _of contributions reported on line 1) . . . . .	6a 0		
	b	Less direct expenses other than fundraising expenses . . . . .	6b 0		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .			
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	7c	
	b	Less cost of goods sold . . . . .	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .			
	8	Other revenue (describe <input type="checkbox"/> )		8	22,289
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .		9	160,741
	10	Grants and similar amounts paid (attach schedule) . . . . .		10	
	11	Benefits paid to or for members . . . . .		11	
	12	Salaries, other compensation, and employee benefits . . . . .		12	27,832
	13	Professional fees and other payments to independent contractors . . . . .		13	16,072
Net Assets	14	Occupancy, rent, utilities, and maintenance . . . . .		14	27,013
	15	Printing, publications, postage, and shipping . . . . .		15	581
	16	Other expenses (describe <input type="checkbox"/> )		16	51,623
	17	Total expenses. Add lines 10 through 16 . . . . .		17	123,121
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	37,620
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .		19	482,024
	20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>		20	-6,726
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .		21	512,918

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )

22 Cash, savings, and investments . . . . .

23 Land and buildings . . . . .

24 Other assets (describe ☐)

25 Total assets . . . . .

26 Total liabilities (describe ☐)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

(A) Beginning of year

101,260

350,832

34,057

486,149

4,125

482,024

(B) End of year

144,240

351,188

22,012

517,440

4,522

512,918

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

Cat No 10642I

Form 990-EZ (2009)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? To serve homeless and others by providing spiritual and physical assistance through bible study, career development, soup kitchen and separate male and female temporary housing			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> See Additional Data Table			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	123,121

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	Yes
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	Yes
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ JULIA HENSEL Telephone no ▶ (989) 835-2291 PO BOX 1614 Located at ▶ MIDLAND, MI ZIP + 4 ▶ 48641		
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	Tax Accounting Inc				(989) 631-1988
	1215 S 4 3/4 Mile Road				
		Midland, MI 48640			
May the IRS discuss this return with the preparer shown above? See instructions					
Yes No					

SCHEDULE A  
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization OPEN DOOR YOUTH OUTREACH OF MIDLAND	Employer identification number 38-2161429
---	--

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 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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 Part III )
- 10

☐

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 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?  

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	71,873	72,711	70,131	69,787	128,118	412,620
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
4 Total. Add lines 1 through 3	71,873	72,711	70,131	69,787	128,118	412,620
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)						82,626
6 Public Support. Subtract line 5 from line 4						329,994

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	71,873	842	70,131	69,787	128,118	412,620
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85	842	2,196	2,437	1,603	7,163
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						0
11 Total support (Add lines 7 through 10)						419,783

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 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	78 610 %
15	Public Support Percentage for 2008 Schedule A , Part II, line 14	15	74 300 %

16a

33 1/3% support test—2009. 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

b

33 1/3% support test—2008. If the organization did not check the 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

17a

10%-facts-and-circumstances test—2009. 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

b

10%-facts-and-circumstances test—2008. 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

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

Part IIISupport Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. 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—2008. 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		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 38-2161429

Name: OPEN DOOR YOUTH OUTREACH OF MIDLAND

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> Employment of former prison inmates to provide lawn care, snow removal, fall yard cleaning, window cleaning and miscellaneous jobs (Grants \$ 50,480) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> Religious and social programs on site (Grants \$ 5,167) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> Soup kitchen meals served on 3 sites totaled 44,745 meals (Grants \$ 13,684) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
Temporary emergency housing on 3 sites for homeless men, women, and children totaled 10,177 nights (Grants \$ 53,790) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PETER MARGL 5010 BARTO ST MIDNALD, MI 48640	Director 4 00	0		
LOIS SHORT 2002 ASHMAN ST MIDLAND, MI 48640	Director 2 00	0		
CHERIE SMITH 2606 ASHMAN ST MIDLAND, MI 48640	Director 2 00	0		
MARK SMITH 2606 ASHMAN ST MIDLAND, MI 48640	Director 4 00	0		
JOHN MILLER 301 SINCLAIR ST MIDLAND, MI 48640	Director 2 00	0		
JAMES McDANIEL 710 HOLLYBROOK DR MIDLAND, MI 48642	President 3 00	0		
SUE LABEAN 2914 N WILSON DR SANFORD, MI 48657	Director 2 00	0		
BARBARA SLAGEL 635 IRELAN LN MIDLAND, MI 48640	Secretary 3 00	0		
PATRICIA HINTZ 33 N ORIO RD MIDLAND, MI 48640	Treasurer 0	0		
SALLY MILLER 301 SINCLAIR ST MIDLAND, MI 48640	Director 1 00	0		
THEODORE ASCH 4941 GRANDVIEW CR MIDLAND, MI 48640	Vice President 3 00	0		
JULIA HENSEL 5607 POWER HORN TRAIL MIDLAND, MI 48642	Treasurer 8 00	0		

**TY 2009 Other Assets Schedule****Name:** OPEN DOOR YOUTH OUTREACH OF MIDLAND**EIN:** 38-2161429**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment-Net of Deprec.	10,309	6,902
Furniture and Fixtures	7,919	7,919
Automobiles & Trucks-Net of Depreciation	11,175	6,916
Accounts Receivable	4,654	275

**TY 2009 Other Changes in Net Assets Schedule****Name:** OPEN DOOR YOUTH OUTREACH OF MIDLAND**EIN:** 38-2161429**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
Rounding	-2
Reduction in Fixed Assets	-7,310
Capitalized 2009 Interest-Homer Tw p Water	108
Capitalized 2008 Water 1A-Homer Tw p Water125	125
Capitalized 2008 Interest-Homer Tw p Water123	123
Accounts Payable Reduction	230

## TY 2009 Other Expenses Schedule

**Name:** OPEN DOOR YOUTH OUTREACH OF MIDLAND

**EIN:** 38-2161429

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
WRITEOFF-His Hands Div	64
VIEHICLE MAINTENANCE-Open Door	1,486
Travel	3,097
SUPPLIES-SOUP KITCHEN	13,684
SUPPLIES-His Hands Div	1,490
RESTORATION MINISTRIES	1,675
REPAIRS & MAINT-His Hands Div	1,597
Office Expenses	1,796
MISELLANEOUS-Open Door Corp	443
MISELLANEOUS-His Hands Div	449
JAIL & PRISON MINISTRIES	5,167
GENERAL ASSISTANCE MINISTRIES	2,142
GAS, OIL, ETC-His Hands Div	1,175
Depreciation	6,351
CLOTHING SHED EXPENSES	277
CELL PHONE-Open Door	994
CELL PHONE-His Hands Div	85
AUTO EXPENSES-Open Door Corp	3,168
AUTO EXPENSES-His Hands Div	101
Advertising and Promotion	703

TY 2009 Other Liabilities Schedule

**Name:** OPEN DOOR YOUTH OUTREACH OF MIDLAND

**EIN:** 38-2161429

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	4,125	4,522

**TY 2009 Other Revenues Schedule****Name:** OPEN DOOR YOUTH OUTREACH OF MIDLAND**EIN:** 38-2161429**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
LAWN MOWING	665
MAINTENANCE SERVICES	1,116
MISCELLANEOUS SERVICES	3,173