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Form **990-EZ**

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, organizations that operate one or more hospital facilities

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

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.

A	For the	2012 calenda	r year, or tax year beginning , 2012, and ending			, 20		
В	Check if ap	of applicable C Name of organization D Emp				ployer Identification number		
	Address o	change	Open Doors, Inc.		4	16-1125553		
	Name cha	ange				E Telephone number		
V	Initial retu	ırn	•					
닏	Terminate		E Grov	251-345-3313				
님	Amended		:	oup Exemption mber ▶				
Ţ		on pending	Mobile, AL 36609-5103					
		ting Method:			▶ ☐ if the organization is not			
	Websit -			•		tach Schedule B		
						0-EZ, or 990-PF).		
	Check •		organization is not a section 509(a)(3) supporting organization or a section 527 organization		_	,		
			D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	y be req	uired	(see instructions). But if		
	_		ses to file a return, be sure to file a complete return.					
L	Add lines	s 5b, 6c, and 7	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II,				
_!	line 25, c	column (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	9,875		
F	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	s for Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part I					
	1		ns, gifts, grants, and similar amounts received		1	11,943		
	2		ervice revenue including government fees and contracts		2	0		
	3	_	p dues and assessments		3	0		
	4	Investment	•		4	0		
	5a		unt from sale of assets other than inventory 5a			<u> </u>		
	b		or other basis and sales expenses	- 0				
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5a)	U	5c	_		
	6		d fundraising events		50	0		
	1	_						
<u>o</u>	a		ome from gaming (attach Schedule G if greater than	_				
Revenue			00	0				
96	b		me from fundraising events (not including \$ 0 of contribution:	s				
ď	: [aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b					
			· · · · · · · · · · · · · · · · · · ·	0				
	C		t expenses from gaming and fundraising events 6c	. 0				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract	:			
	1	line 6c) .			6d	0		
	7a		s of inventory, less returns and allowances	0				
	b		of goods sold	0				
	C	•	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0		
	8	Other rever		8	0			
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	11,943		
	10	Grants and	similar amounts paid (list in Schedule O)		10	0		
	11	Benefits pa	id to or for members		11	0		
S	12	Salaries, ot	her compensation, and employee benefits		12	0		
Expenses	13	Professiona	her compensation, and employee benefits		13	1,179		
8	14	Occupancy	rent, utilities, and maintenance		14	850		
ŭ	15		1 1 2 2 2 2 1 3 1 5 1		15	39		
	16		nses (describe in Schedule O)		16	0		
	17	•	nses. Add lines 10 through 16	· 🔓 🛭	17			
_	10		deficit) for the year (Subtract line 17 from line 9)	• •	18	2,068		
əts	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with	10	9,875		
Net Assets	:		r figure reported on prior year's return)	******	10	_		
	20	•		}	19	0		
	20		ges in net assets or fund balances (explain in Schedule O)		20	0		
	21	ivet assets	or fund balances at end of year. Combine lines 18 through 20	. 🟲	21	9.875		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2012)



. 0	355 22 (2512)					Page Z
Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u>	<u> </u>
	Quality 1		-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	9,875
23 24	Land and buildings				23 24	0
25	Total assets		· · · · · ·		25	0
26					26	9,875
27	Net assets or fund balances (line 27 of column				27	9,875
	t III Statement of Program Service Accom					
	Check if the organization used Schedule				(Dag	Expenses juired for section
Wha	····	United Methodist Ch				(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each o	f its three largest p	rogram services.		inizations and section
as n	neasured by expenses. In a clear and concise m	anner, describe the				7(a)(1) trusts, optional others.)
pers	ons benefited, and other relevant information for ea	ii				
28	3.0 Missional Internships program is building capacit	ty for assignments in	the summer of 2013	***************************************		
	(Compto C					
20	· · · · · · · · · · · · · · · · · · ·	includes foreign gra		<u> P L </u>	28a	679
29	Open Doors Resale and Thrift Store building capacity	y for opening in the S	pring 2013			
						
	(Grants \$) If this amount	includes foreign gra	nts, check here	▶ □	29a	
30						
		ıncludes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	31a	,
32					32	679
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				struct	tions for Part IV)
	Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits,		<u>· · · · · </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
		devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
 Jean	D. Tippit				+	
Chai		5	ď)	o	0
Don '	W. Woolley					
Vice	Chair	5			<u>o</u>	0
Dan	A. Williams					
Secr	etary/Treasurer	8			0	0
	ie E. Blake		_			
	d member	2	C	<u> </u>	0	0
	les E. Fail d Member		_			•
DUAI	G Welliber	8	<u>_</u>		0	0
			<u> </u>		+	
					\perp	
			<u> </u>	ļ	+-	
				 	+	
					1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rait		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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 $\dots \dots \dots \dots \dots \dots \dots$	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			ļ,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		'
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	┨		١,
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
404	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		,	٤,
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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,			
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	` -		
d	reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1,
Ť	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Alabama	100		
42a		251-34	5-331	3
	Located at ► 6333 Piccadilly Sq Dr, Mobile, AL ZIP + 4 ►	36609		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		7
	If "Yes," enter the name of the foreign country: ▶	,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		1
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
C	If "Yes," enter the name of the foreign country: ▶	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	
11-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		ļ	_
	completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓.
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
45 -	explanation in Schedule O	44d		—
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

		•								
Form 99	90-EZ (2	2012)							Page 4	
46	Did t	he organization engage, directly or ir	ndirectly in political o	ampaion activities	on behalf of or	ın oppositi	on [Yes	No	
70	to ca	andidates for public office? If "Yes," of	complete Schedule C	, Part I			46		-7	
Part		Section 501(c)(3) organizations					1 15	<u> </u>	<u> </u>	
		All section 501(c)(3) organization		stions 47–49b ar	nd 52, and cor	nplete the	tables	for lin	es	
		50 and 51								
		Check if the organization used Sci	nedule O to respond	to any question i	n this Part VI	· • ·			<u>, D</u>	
4-	D: 1							Yes	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II									
48	•	e organization a school as described in					<u> </u>	+	<u> </u>	
49a		the organization make any transfers to		· ·					1	
b		es," was the related organization a se	•				49b		 	
50		plete this table for the organization's								
	emp	loyees) who each received more than	-\$100,000 of compe	nsation from the or	ganization. If th	ere is none	, enter "I	None.	"	
	la	Name and title of each employee	(b) Average	(c) Reportable	(d) Health to		(e) Estimat	ed amo	unt of	
	•	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit plans, a	nd deferred		mpensation		
			· · · · · · · · · · · · · · · · · · ·		compens	sauon				
No em	ploye	es in 2012								
f	Tota	I number of other employees paid ov	er \$100 000	<u> </u>	L D	<u>L</u>				
51	Com	plete this table for the organization 0,000 of compensation from the organization	s five highest comp	ensated independe	ent contractors	who each	received	l more	e than	
(a)		and address of each independent contractor pa		(b) Type of s	service	(c)	Compensat	tion		
None										
				-						
				-						
				1						
									•	
				<u> </u>						
		I number of other independent contra	_		. •	C)		<u> </u>	
52		the organization complete Schedule / exempt charitable trusts must attach					► [ʔ] Ye:		No	
Lindor		s of perjury, I declare that I have examined this			oments, and to the					
		nd complete Declare that I have examined this in decimal that the complete Declaration of preparer (other than					wieuge an	u pener	, IL IS	
	$\overline{}$	1 ()ear Milit.	the come		0	5/13	/20	13		
Sign	gn Signature of officer				Date	- /				
Here		Dan A Williams, Secretary/Treasur	er							
		Type or print name and title	10		D.1.		· · · · · · · · · · · · · · · · · · ·			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-employ				

Preparer Use Only

Firm's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization Open Doors, Inc. 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 described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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. c Type III-Functionally integrated d Type III-Non-functionally integrated **b** Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 Yes No (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) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (Iv) Is the organization (v) Did you notify (vii) Amount of monetary (ii) EIN (vi) Is the the organization in in col (i) listed in your (described on lines 1-9 organization in col. support organization above or IRC section governing document? col (1) of your (i) organized in the support? US? (see instructions)) Yes Yes Yes No No No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 11,943 11,943 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. . . . 11,943 11,943 5 The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 11,943 Section B. Total Support (c) 2010 Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (d) 2011 (e) 2012 (f) Total Amounts from line 4 7 11,943 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned 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 11,943 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) $\overline{\mathbf{V}}$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 % 16a 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. 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 b 10%-facts-and-circumstances test - 2011. 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

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	under the te	ists listed Del	ow, piease co	Jilipiete Fatt	11.)	
	on A. Public Support		T-27	r	T * 172 a - 11	T **	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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			Ĭ	Ì		1
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to the			1			
	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			1			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)	<u> </u>		> ', 1	<u> </u>		
	on B. Total Support				•		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		<u> </u>		ļ		ļ
10a	Gross income from interest, dividends,			1	1		!
	payments received on securities loans, rents,						1
	royalties and income from similar sources .			ļ			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	1
	acquired after June 30, 1975		<u> </u>		<u> </u>	<u> </u>	
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						L
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		<u> </u>				
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			· · · · ·	<u> </u>		<u> ▶ [</u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8	3, column (f) d	livided by line	13, column (f))		15	%
16	Public support percentage from 2011 Sch				· ·	16	%
Secti	ion D. Computation of Investment In						
17	Investment income percentage for 2012 (%
18	Investment income percentage from 2011						9
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box	=				_	_
b	331/3% support tests - 2011. If the organize						
	line 18 is not more than 331/3%, check this	-	_		•	• •	_
20	Private foundation, If the organization di	d not check a	box on line 14	. 19a. or 19b.	check this box	and see instru	uctions ► F

chedule A (F	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
···		·
		 -
		
		
		·
		