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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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			ndar year, or tax year beginning		, 2013,	and ending		D Employe	, 20 er identification number		
B		applicable:	C Name of organization Open Doo	rs, Inc.							
	Address	-	Doing Business As			46-1125553					
\Box	Name ch	ange	Number and street (or P O box if mail		address)	Room/suit	8	E Telephon			
Ш	initial reti	um	6333 Piccadilly Squar			1		251-34	5-3313		
	Terminat	ed	City or town, state or province, countr	ry, and ZIP or foreign posta	al code						
	Amende	d return	Mobile, AL 36609					G Gross re	celpts \$ 247, 256		
	Applicati	on pending	F Name and address of principal officer	Dan Williams			H(a) is this a gi	roup return for s	subordinates? Yes X No		
-	• •	,	same as item C above						included? Yes No		
$\overline{}$	Tax-exer	npt status	∑ 501(c)(3)) ◀ (insert no) ☐ 4	947(a)(1) or	527			list (see Instructions)		
<u>.</u>		 	opendoorsal.org		1-1/1-1		H(c) Group	exemption	number >		
ĸ			Corporation Trust Associate	on ☐ Other ▶	LYe	ear of formation			of legal domicile: AL		
_	art I	Summ		<u> </u>				1			
	1		escribe the organization's mission	on or most significan	t activities	• To fu	11	200 []20	ited Mothodist		
	'										
걸			ressing God's love by			WS OI J	esus Cni	rist tr	rough nollstic		
를	_		ries that transform o								
Activities & Governance	2		is box ▶☐ if the organization d					1 1			
ő	3		of voting members of the govern					3	11		
9	4		of independent voting members		-	-			11		
ě	5	Total nur	mber of individuals employed in	calendar year 2013 ((Part V, lin	e 2a) .		5	0		
Ž	6	Total nur	mber of volunteers (estimate if n	ecessary)				6	100		
¥	7a	Total unr	related business revenue from P	art VIII, column (C), I	ine 12 .			7a			
	b	Net unre	lated business taxable income f	rom Form 990-T, line	34			7b			
Revenue							Prior Ye	ear	Current Year		
	8	Contribu	tions and grants (Part VIII, line 1		11,943	182,647					
	9		service revenue (Part VIII, line 2			0					
	10	_	ent income (Part VIII, column (A),	_		0					
ž	11		venue (Part VIII, column (A), lines			64,609					
	12		enue-add lines 8 through 11 (m		11,943	247,256					
	13		nd similar amounts paid (Part IX		11,515	21/7230					
	14		paid to or for members (Part IX,		-	_			0		
	42		other compensation, employee b			0					
Expenses	10								0		
Ë	16a		onal fundraising fees (Part IX, co			· · · -					
ä	_ b		ndraising expenses (Part IX, colu			 -		0.000	200 041		
_	17	Other ex	penses (Part IX, column (A), line	s 11a-11d, 111-24e)				2,068	202,041		
	18	Total exp	penses. Add lines 13–17 (must e	equal Part IX, column	(A), line	PCEIP	(ED)	2,068	202,041		
	19	Revenue	e less expenses. Subtract line 18	from line 12	<u> </u>	· · _ []		9,875	45,215		
20 SE O.	8				A. 653		leginning of C		End of Year		
99	20		sets (Part X, line 16)		S · A	IJG 0.8[]		9,875	102,611		
Not Ass	21		oilities (Part X, line 26)				رٰی		47,521		
_			ets or fund balances. Subtract lir	ne 21 from line 20				9,875	55,090		
P	art II	Signa	ture Block			SUEN,	<u> </u>	<u> </u>			
			ury, I declare that I have examined this re						ny knowledge and belief, it is		
tr	ue, correc	t, and comp	plete. Declaration of preparer (other than	officer) is based on all info	mation of wi	hich preparer	has any know	ledge			
			eleste M Gialian	Sar			8	/6/201	4		
Si	gn	Sign	nature of officer	4			Da	ate			
H	ere	▲ Ce	leste Eubanks, Chairm	an							
			e or print name and title								
D	aid	Print/T	ype preparer's name	Preparer's signature		Da	te	Check	VI # PTIN		
		- KIM	K ENIKEIEFF	Kuni K. E.	kM	8/	6/2014		Ployed P00989337		
	repare	71							46-4292196		
USE Offig							1-460-2972				
М	av the II		ss this return with the preparer s					UN 43	X Yes No		
		0.000	satisfied Act Notice one the concept			·, · · ·		• • •	5 QQU (2012)		

Page 2
<u> </u>
od news of
☑Yes ☐ No
]Yes ⊠ No
s measured by tions to others,
54,609)
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The cipates in will
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)

Form 99	0 (2013)					Page 2
Part		tement of Program Servi				
		eck if Schedule O contains		any line in this Part III	<u></u>	<u> </u>
1	-	escribe the organization's m		occina Codia low	o by charing the	good nows of
		ly engage United Me Christ through hol				
2		rganization undertake any s m 990 or 990-EZ?				
		describe these new services				E Tes L Ito
3	Did the	organization cease conduct	cting, or make significa			
	If "Yes," o	describe these changes on	Schedule O.			
4	expenses	the organization's program s. Section 501(c)(3) and 501 expenses, and revenue, if a	l(c)(4) organizations are	required to report the a		
4a	(Code:) (Expenses \$	34,860 including gra	ants of \$) (Revenue \$	64,609)
	The Re	sale Shop is mainta d items are receive	ained to generate	funds to suppor	rt community mir	istries.
		old goods. Based				
		_ +				
		**				
						**
4b	(Code:) (Expenses \$	166,417 including gra	ants of \$) (Revenue \$)
	QuadW	is a summer mission	nary internship p	rogram for colle	ege-aged student	s. The
		ogram has 52 positions of the gram is required to				
		e a \$2,000 living				
		ities in four state	^ ~			
						*
4c	(Code:) (Expenses \$	ıncluding gra	ants of \$) (Revenue \$)

						-
4d	Other pro	ogram services (Describe in includir	Schedule O) ng grants of \$) (Revenue \$)	
4e		gram service expenses	201,277			

	0 (2013)		F	age .
Part	V Checklist of Required Schedules		T	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			A
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a 11b	X	Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI and XII	12a		X
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part I	V Checklist of Required Schedules (continued)	·		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		Х
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		* - 1	** \(\frac{1}{2}\)
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i> complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filers are required to complete Schedule O.	20		Λ

orm 99	0 (2013)			_ F	age :
Part	V Statements Regarding Other IRS Filings and Tax Compliance	•			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 28			á,
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	ŗ	24	7.
С	Did the organization comply with backup withholding rules for reportable payments to	o vendors and		347.	30 1
_	reportable gaming (gambling) winnings to prize winners?		1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		~,*	*** ·
b	If at least one is reported on line 2a, did the organization file all required federal employment to		2b	. 3 2 2 2	e 3.
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instri	· · · · · · · · · · · · · · · · · · ·	* * T,		·
За	Did the organization have unrelated business gross income of \$1,000 or more during the year's		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sci		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or over, a financial account in a foreign country (such as a bank account, securities account, or				
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country:		J.A	2:1	Δ
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	al Accounts.			\$
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y		5a	0.000	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such of				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		2. 	e Giran	8 100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods			
	and services provided to the payor?		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	or which it was			
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	43	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef		7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	•	7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Sponsoring organizations maintaining donor advised funds and section 509(a)(i	7h	2. Z-	X
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by			+ 5.5	
	organization, have excess business holdings at any time during the year?	a sponsoring	8	3	72:2. <i>E</i>
9	Sponsoring organizations maintaining donor advised funds.				1
a	Did the organization make any taxable distributions under section 4966?		9a	Wiazz.	<u> </u>
b			9b		
10	Section 501(c)(7) organizations. Enter:		Soles/	4.4	
а		10a	Ú.		*
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	- india		
11	Section 501(c)(12) organizations. Enter:		4.1	52.	
а		11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources				
	L	11b		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a		
b		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•	44	- 3.3	
а	Is the organization licensed to issue qualified health plans in more than one state?	· · · · · · ·	13a	(S) . 4 .	
L	Note. See the instructions for additional information the organization must report on Schedule	O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	406		7 5	4 (4 °
_		13b 13c			
С	Emorally alliquit of lessives offinally	136	1000 8. 348	1905-2005/201	18 3 5 6

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See insti	ructic	
Section	on A. Governing Body and Management	• •	• •	<u> </u>
00011	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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?	2		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? .	3		Х
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		X X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а b 9	The governing body?	8a 8b	X	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven			
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		*********	<u> :</u>
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	-	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b	X	
13 14 15	Did the organization have a written whistleblower policy?	13 14	X X	
а	The organization's CEO, Executive Director, or top management official		X	لتسمكن
b	Other officers or key employees of the organization	15b		X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)	(3)s d	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest po	olicy,	and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Dan Williams, 6333 Piccadilly Square Drive, Mobile, AL 36609 (25)	51)345		
		Form	9 90 (2013)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	•					C)					
	(A)	(B)	(do n	ot ch		ition	n re than one (D)			(E)	(F)
	Name and title	Average	je box, unless person is both						Reportable	Reportable	Estimated
		hours per week (list any	<u> </u>	er and				<u> </u>	compensation from	compensation from related	om amount of other
		hours for	Individual trustee or director	ng	Officer	ey	ᆵ	Former	the	organizations	compensation
		related	direc	로	cer	en	l of hes	mer.	organization	(W-2/1099-MISC	• 1
		organizations below dotted	or la	οž		employee	8 6]	(W-2/1099-MISC)		organization and related
		line)	rus	<u>=</u>		yee	🚆	1			organizations
			tee	Institutional trustee			Highest compensated employee				
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(15)						<u> </u>					
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(20)		+	-		_						
(20)		 									
(0.4)		-				_					
(21)		 									
(22)		ļ									
					_						
(23)		ļ									
(24)		ļ							1		
(25)											
1b	Sub-total								0	27 , 25	6 14,461
C	Total from continuation sheets to Part	VII, Sectio	n A					▶			
d	Total (add lines 1b and 1c)	<u></u>	<u> </u>						0	27,25	6 14,461
2	Total number of individuals (including but	t not limited	l to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,	000 of
	reportable compensation from the organi	ization 🟲		0							
											Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	ee,	key e	emp	loyee, or high	est compensa	ated 😘 💮
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	ındi	ividu	ıal				. 3 X
4	For any individual listed on line 1a, is the	sum of re	oortal	ble d	com	nper	nsatio	n a	nd other comp	ensation from	
	organization and related organizations										
	individual	<i>.</i>									. 4 X
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	lion	fror	n anv	un un	related organiz	ation or indivi	
•	for services rendered to the organization										
Section	on B. Independent Contractors				_				············		10111
1	Complete this table for your five highest	compensati	ed inc	dene	end	ent	contr	acto	ors that receive	d more than \$	\$100,000 of
•	compensation from the organization. Rep	•									•
	year.							,	--		g
	(A)				_			Γ	(B)		(C)
	Name and business add	ress							Description of s	ervices	Compensation
								-			
-											
								 			-
								<u> </u>			
								<u> </u>			
	Tatal months of males at the contract of the c					1		<u> </u>	1-4- /		
2	Total number of independent contractor							T T	use listed abo	ومشيه	
	received more than \$100,000 of compens	sation from	uie 0	gar	ııza'	UON				0 💸 🛎	C. A. S. A.
											Form 990 (2013)

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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

				(()					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any		er and		rect	or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
41 Calagta Eubanka										
(1) Celeste Eubanks	5	l v		l "					0	0
Chairman Chanta	3	Х		Х				0	0	0
(2) Vanessa Shoots Vice-Chair	5	x		X				0	0	0
········				Α.		-			0	
(3) Dara Walker	5	ļ ,,		,,				0		0
Secretary	5	Х	_	Х		-		0	0	0
(4) Dan Williams	 									0
Treasurer	15	Х		<u> </u>		├	_	0	0	0
(5) Jan Baıley Member	3	X						0	0	0
(6) Chuck Russell				-			_	0	U	0
Member	3	Х						0	0	0
(7) Melanie Palmer	 							<u> </u>	0	
Member	3	х						0	0	0
(8) Jamie Blake	 	<u> </u>	-	<u> </u>			-	 · · ·		
Member	3	Х				ļ		l 0	0	0
(9) Carolyn Lee	 	- 11	-					<u> </u>		
Member	10	Х						0	0	0
(10) Doug Pennington	1	- 21		 						
Member	3	Х						l 0	o	0
(11) Jennifer Gregory	<u>_</u>		 	 						
Member	3	Х						l 0	0	0
(12) Charles Fail										
Director, Resale Shop	25	1		Х				0	0	0
(13) Don Woolley										
Director, Missioners and QuadW	40	1		Х				l o	27,256	14,461
(14)										
2	<u> </u>	1								

Part	VIII	Statement of Reve	enue		·						
		Check if Schedule O contains a response or note to any line in this Part VIII									
			* 4 * * *	* * *	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections			
(0, (0)	<u> </u>		* *	<u>, , , , , , , , , , , , , , , , , , , </u>		revenue		512-514			
ons, Gifts, Grants Similar Amounts	1a b		1b		* ;	* * * * * * *	* * * *				
Gifts, ilar An	C	Fundraising events .					*	** * * * * * * * *			
<u> </u>	d e	Related organizations Government grants (con					* * *				
ons	f	All other contributions, gi			* * * * * * * * * * * * * * * * * * *	** *** ** ** ** ** ** ** ** ** ** ** **					
ber Her		and similar amounts not inc		182,647							
Contributions, and Other Sim	g	Noncash contributions includ		6,456			** ** * * * *				
	h	Total. Add lines 1a-1	f . <u></u>	<u>.</u>	182,647		`				
Program Service Revenue				Business Code	* '\\\$ ~ \ & & & & & & & & & & & & & & & & & &	* *3 * * ! · ·	* * * * . * . *	· · · · · · · · · · · · · · · · · · ·			
eve	2a										
ě	b										
e r	d d										
ι Ε	e										
gra	f	All other program serv	vice revenue .								
P 0	g	Total. Add lines 2a-2	f		0	÷ - ' \ - * %					
	3	Investment income		ends, interest,							
		and other similar amo	•								
	4	Income from investmen	t of tax-exempt bo	ond proceeds							
	5	Royalties	(ı) Real	(II) Personal			_4 x 2 Z 2: 4				
	6a	Gross rents		. , ,							
	b	Less: rental expenses									
	С	Rental income or (loss)	0	0							
	d	Net rental income or	<u> </u>	•	0						
	7a	Gross amount from sales of	(i) Securities	(II) Other							
		assets other than inventory Less: cost or other basis			1x 4x 4						
	Ь	and sales expenses .				1 4 5 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5					
	С	Gain or (loss)	0	0				14.24.2			
	d	Net gain or (loss)		>	o o			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
_					(a)	· () ! \	44 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mark Carrier			
Other Revenue	8a	Gross income from fu	ındraısıng		2×6 + 2 + 3 + 3 + 3						
e ve		events (not including \$									
Ĕ		of contributions reported See Part IV, line 18 .	ed on line (c).								
‡	ь	Less: direct expenses	-								
0	c	Net income or (loss) f		events . ▶	0		<u> </u>				
	1	Gross income from ga	_		4.24.1.4.2		. 4 4 5 4 5 4.				
		See Part IV, line 19	а					S 8 9 5 4 1 5 1			
	b	Less: direct expenses		L	Liliani Liliani						
	C	Net income or (loss) f Gross sales of in		vities ▶	0			X : 1			
	iva	returns and allowance	-	64,609							
	ь	Less: cost of goods s	_		\ `	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	C	Net income or (loss) f			64,609	**************************************		* <u> </u>			
		Miscellaneous F		Business Code	*		1 2 - 3 4	1. 18 112 1			
	11a		-		***************************************			*			
	b										
	C			}	<u> </u>		ļ				
	d	All other revenue .		L		4 *		 % :			
	12	Total revenue See II			247 256	*** * * * * * * * *	<u> </u>	Missand and			

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).								
Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees							
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 8	Other salaries and wages							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management							
b	Legal	228	228		<u> </u>			
C	Accounting							
d	Lobbying		3092477744600 632 333					
e f	Investment management fees	<u> </u>	TALE CHILLY CONT. DATE CONT.					
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	1,530	1,530					
13	Office expenses	8,701	8,529	172				
14	Information technology							
15	Royalties							
16	Occupancy	27,037 4,727						
17 18	Travel	4,727	4,727		<u> </u>			
19 20	Conferences, conventions, and meetings . Interest	10,000	10,000					
21	Payments to affiliates	80,512	80,512					
22	Depreciation, depletion, and amortization .	2,104						
23	Insurance	2,796	2,204	592				
24	Other expenses. Itemize expenses not covered			7.72% 罗尔克				
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				* * * * * * * * * * * * * * * * * * * *			
		50 126	50 100	Pur te Same To Car Te Car				
a	Contract labor Food	58,126		1				
b	Miscellaneous	1,339						
d	Program expenses	3,905			<u> </u>			
e	All other expenses	3,303	3,303					
25	Total functional expenses. Add lines 1 through 24e	202,041	201,277	764				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	<u>irt X </u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	9,875	1	87,004
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	-
	5	Loans and other receivables from current and former officers, directors,		1011	
	i	trustees, key employees, and highest compensated employees.		21.00	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			- A
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
g		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,480
	10a	Land, buildings, and equipment: cost or		71.75	2.24
		other basis. Complete Part VI of Schedule D 10a 11,731			
	ь	Less: accumulated depreciation 10b 2,104		10c	9,627
	11	Investments – publicly traded securities		11	
	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	3,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,875	16	102,611
	17	Accounts payable and accrued expenses		17	885
	18	Grants payable		18	
	19	Deferred revenue		19	21,636
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
8	22	Loans and other payables to current and former officers, directors,		2300	
Ě		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	25,000
	26	Total liabilities. Add lines 17 through 25	0	26	47,521
ø		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
8		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	9,875	27	55,090
8	28	Temporarily restricted net assets		28	
ā	29	Permanently restricted net assets		29	
显	Į.	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		7.3	THE RESIDENCE
ō	_	complete lines 30 through 34.			
əts	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	9,875		55,090
	34	Total liabilities and net assets/fund balances	9,875	34	102,611

	Form	990	(201	3)
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Page 12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			256
2	Total expenses (must equal Part IX, column (A), line 25)	2		202,	041
3	Revenue less expenses. Subtract line 2 from line 1	3		45,	215
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,	875
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	_		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		55,	090
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		• •	
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	lain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		2a	X	
b	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	 d on a	2b		X
c	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overoff the audit, review, or compilation of its financial statements and selection of an independent account	_	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?	orth in	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	_	
	and describe any clope tanent to dilucingo sacin a			. 990	(2013)
			1 0111		(2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Mame	or the organization							Employer id	dentification	n number	
	n Doors, Inc							16-1125			
Pai	tt Reason f	or Public Cha	rity Status (All orga	nization	s must o	complete	this pa	rt.) See i	nstructio	ns.	
The o			ition because it is: (Fo		_	•	•	•	١.		
2			170(b)(1)(A)(ii). (Attac					(-)(-)(-)(-	, -		
3			spital service organiza			section '	170(b)(1)	(A)(iii).			
4	A medical rese		on operated in conjunc						0(b)(1)(A)	(iii). Enter the	
5		on operated for b)(1)(A)(iv). (Com	the benefit of a collegular plete Part II.)	ge or un	iversity o	wned or	operated	by a go	vemment	al unit described	in
6 7	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						olic				
8	A community	trust described i	n section 170(b)(1)(A))(vi). (Co	mplete Pa	art II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct nt income and unrel fter June 30, 1975. Se	ions—su lated bu	bject to o	certain e: xable ind	ceptions	s, and (2) ss section	no more	than 331/3% of	its
10	An organization	n organized and	operated exclusively	to test fo	or public	safety. Se	e sectio	n 509(a)(4).		
11	purposes of c	ne or more pub	id operated exclusive licly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). See secti	
	a 🗌 Type I	b 🗌 Type									
е	a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated 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).						ns				
f	If the organiz		written determination		the IRS	that it is	a Type	I, Type I	I, or Typ	e III supporting	\neg
g	Since August following pers		ne organization accep	oted any	gift or c	ontributio	n from a	ny of the	:		_
	• •		ndirectly controls, eith		_		•			nd Yes N	<u> </u>
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	—
			a person described in							11g(iii)	
h	Provide the fo	llowing informati	on about the supporte	ed organ	ization(s).					<u> </u>	
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S ?	(vii) Amount of monet support	ary
		İ	(see itisu acuons))	Yes	No	Yes	No	Yes	No		
(A)											_
(B)			<u> </u>								_
(C)										· · · · · · · · · · · · · · · · · · ·	_
(D)								:			
(E)										· · · · · · · · · · · · · · · · · · ·	_
Tota	<u> </u>							***			_

Part II

<u> </u>	Part III. If the organization fails to						
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2003	(5) 2010	(6) 2011	11,943	182,647	194,590
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 through 3	C. C	Decre a short at the one were	MANAGE STREET, and a	11,943	182,647	194,590
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)			Epoc. De la companya			
6	Public support. Subtract line 5 from line 4.	AND THE RESERVE	45.76.14.14				194,590
	on B. Total Support	T		T	·		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				11,943	182,647	194,590
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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			(3/3/4/2/4/4)	5:33 L 1882 L	15.6 (A Marin) 15.0 (A Marin	194,590
12	Gross receipts from related activities, etc	c. (see instructi	ons)			12	64,609
13	First five years. If the Form 990 is for t	-		•	•		
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · > X
	on C. Computation of Public Support Public Support percentage for 2013 (line			11		14	
14 15	Public support percentage from 2012 Sc		-			15	<u>%</u>
16a	331/3% support test—2013. If the organ						
	box and stop here. The organization qua			·		•	. ▶ □
b	331/3% support test-2012. If the orga	nization did no	ot check a box	x on line 13 o	r 16a, and line	15 is 331/3%	
	check this box and stop here. The organ	nizatıon qualıfie	es as a publicly	supported or	ganızation .		. ▶ [
17a	10%-facts-and-circumstances test –2 10% or more, and if the organization me Part IV how the organization meets the " organization	eets the "facts- facts-and-circ	and-circumstaumstaumstances" te	ances" test, ch	eck this box an ation qualifies	id <mark>stop here.</mark> E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	ation meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check th The organizatio	is box and st o	op here.
18	Private foundation. If the organization of instructions	lid not check a	box on line 13	s, 16a, 16b, 17a	a, or 17b, chec		see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part						<u> </u>	1 490 0
	(Complete only if you checked the	ne box on line	9 of Part I o	r if the organ	ization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part I	1.)	
	on A. Public Support		· · · · · · · · · · · · · · · · · · ·		,		
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	l					
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						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
ь	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					A	*
•	line 6.)	10 T T		Y (1) W			
Secti	on B. Total Support	A Third and the same of the sa			Programme Control of the Control of	Modern & Do State , Statement and	<u>961</u>
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(2) 2010	(0) 2011	(d) 2012	(6) 2010	(i) roan
10a	Gross income from interest, dividends,						
,04	payments received on securities loans, rents,						
	royalties and income from similar sources .						
ь	Unrelated business taxable income (less			 			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
11							
11	Net income from unrelated business activities not included in line 10b, whether		ļ				
	or not the business is regularly carried on						
40				<u> </u>			-
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.)	İ					
14	First five years. If the Form 990 is for the	L organization	n's first secon	d third fourth	or fifth tax ve	ear as a sec	tion 501(c)(3)
• •	organization, check this box and stop he	=					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line			13 column (fl)		15	%
16	Public support percentage for 2013 (inter-					16	
	on D. Computation of Investment In				<u> </u>	1.01	
17	Investment income percentage for 2013			v line 13 colu	mp (fl)	17	%
18	Investment income percentage from 2013	•				18	
19a	331/3% support tests—2013. If the organ						
139	17 is not more than 33½%, check this box						
ь	331/3% support tests—2012. If the organization						_
D	line 18 is not more than 331/2%, check this						
	Private foundation If the organization d	•	_				

schedule A (F	orm 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	and
		
		
		<u>-</u>
	······································	
. 		-
-		
·		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name o	the organiza	tion		Employer identification number
Open	Doors,	Inc.		46-1125553
Pari		-	r Advised Funds or Other Similar Fun	ds or Accounts.
	Cor	mplete if the organization answe	ered "Yes" to Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total numb	per at end of year		
2	Aggregate	contributions to (during year) .		
3	Aggregate	grants from (during year)		
4		value at end of year		
5			donor advisors in writing that the assets h	·-
			t to the organization's exclusive legal contro	
6			ors, and donor advisors in writing that grain	
			benefit of the donor or donor advisor, or f	
Dow.			<u> </u>	· · · · · · Yes . No
Part		nservation Easements.	ared "Vee" to Form 000 Port IV line 7	
			ered "Yes" to Form 990, Part IV, line 7.	
1			by the organization (check all that apply).	# bisks dastby income who walls and one
		vation of land for public use (e.g., r tion of natural habitat	ecreation or education)	f an nistorically important land area f a certified historic structure
	_	vation of open space	☐ Preservation o	a certified historic structure
2	_	·	tion held a qualified conservation contribution	on in the form of a conservation
-		on the last day of the tax year.	non riola a quamica dondorvation dontribution	Held at the End of the Tax Year
а		per of conservation easements .		
b			ements	
C			tified historic structure included in (a)	
d			ed in (c) acquired after 8/17/06, and not	
	historic str	ructure listed in the National Regist	er	2d
3	Number of	f conservation easements modified	, transferred, released, extinguished, or terr	minated by the organization during the
	tax year ▶			
4			conservation easement is located >	
5			cy regarding the periodic monitoring, ins	
			ion easements it holds?	
6	Staff and v	olunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	easements during the year
_	>			
7	Amount of	expenses incurred in monitoring,	inspecting, and enforcing conservation ease	ements during the year
8		conservation easement reported	on line 2(d) above satisfy the requirements of	of section 170/b)/4\/P)
0		tion 170(h)(4)(B)(ii)?	of line 2(d) above satisfy the requirements	· · · · · ·
9			ports conservation easements in its revenue	
y			text of the footnote to the organization's fir	
		on's accounting for conservation e		
Part	III Org	janizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets.
	Cor	nplete if the organization answ	ered "Yes" to Form 990, Part IV, line 8.	
1a	If the orga	nization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
			similar assets held for public exhibition, ed	
	public serv	vice, provide, in Part XIII, the text o	f the footnote to its financial statements tha	it describes these items.
b	_		der SFAS 116 (ASC 958), to report in its	
			similar assets held for public exhibition, ed	ducation, or research in furtherance of
	•	vice, provide the following amounts	<u> </u>	
			line 1	> \$
_			of art historical transition or other similar	
2	_		of art, historical treasures, or other similar nder SFAS 116 (ASC 958) relating to these in	_ · · · ·
_	_		= 1	
a b			= 1	

Part	Organizations Maintaining	Collections	f Art His	torical 1	rescures	or O	ther Similar Ac	cate (c	ontinuod)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and	other reco	rds, chec	k any of th	ne follo	wing that are a s	ignifican	it use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	☐ Other	r				
С	☐ Preservation for future generations	s							
4	Provide a description of the organiza		and expl	ain how t	hey further	the org	ganization's exer	npt purp	ose in Pari
	XIII.								
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be main	e donatior	ns of art, part of the	historical ti e organizat	reasure ion's co	s, or other similablection?		'es □ No
Pari				-				<u> </u>	es110
	Complete if the organization 990, Part X, line 21.		s" to For	n 990, F	art IV, line	9, or	reported an am	ount or	1 Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	'es □ No
ь	If "Yes," explain the arrangement in P	art XIII and comp	olete the fo	llowina ta	able:				
	, ,						A	mount	
С	Beginning balance					10	;		
d	Additions during the year					10	1	-	
e	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amount							ПУ	es No
ь	If "Yes," explain the arrangement in P								
	t V Endowment Funds.			·			· · · · · · · · · · · · · · · · · · ·	••	
	Complete if the organization	answered "Ye	s" to For	n 990, P	art IV, line	10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Fou	ır years back
1a	Beginning of year balance				<u> </u>				
b	Contributions								
С	Net investment earnings, gains, and losses						-		
d	Grants or scholarships			<u>-</u>					
е	Other expenditures for facilities and programs				_				
	• •							<u> </u>	
f -	Administrative expenses		 						
g	End of year balance				l		<u> </u>		
2	Provide the estimated percentage of			e (line 1g	i, column (a	i)) held	as:		
a	Board designated or quasi-endowme	nt P	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ►		1000/						
20	The percentages in lines 2a, 2b, and 2							_	
3a	Are there endowment funds not in thorganization by:	e possession or	me organi	zauon in	at are neio	and ad	ministered for th	e	14
	- ·							0-0	Yes No
	(i) unrelated organizations					• •		3a(i)	
_	(ii) related organizations					• •		3a(ii)	
ь 4	If "Yes" to 3a(ii), are the related organ Describe in Part XIII the intended uses		•				· · · · · ·	3b	
			lion's end	winent i	unus.		_		
Pari			-8 4- F	000 5) 1\	. 44- (2 F 000	D = -1 V	U 40
	Complete if the organization								
	Description of property	(a) Cost or (invest		1	or other basis ther)	d	Accumulated epreciation	(a) Boo	ok value
1a	Land						建筑现象产现验		
b	Buildings								
C	Leasehold improvements								
d	Equipment				11,731		2,104		9,627
ее	Other								
Total	Add lines 1a through 1e (Column (d) r	nust equal Form	OON Part	Y column	(R) line 11	2/011			9 627

Part VII	Investments—Other Securities.				
	Complete if the organization answ	vered "Yes" to Form 99	0, Part IV, Iir	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial					
• •	neld equity interests			<u> </u>	
(3) Other	iola oquity interests	· · · · · · 			
(A)				 	
(B)					
(C)				- 	
(D)					
(E)					
(F)					
(G)					
(H)				20 6 2 313M W W (col)	and the second of the second
	b) must equal Form 990, Part X, col. (B) line 12.)				公主通過學工學工學的
Part VIII	Investments—Program Related		0.5-1046	. 44 - 0 - 5	000 D V II 40
	Complete if the organization answ				
	(a) Description of investment	(R) Book value		thod of valuation -of-year market value
(1)				+	
(2)					
(3)					·····
(4)				 	
(5)				<u> </u>	
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answ		0, Part IV, Iir	e 11d. See Form	
	(a)	Description			(b) Book value
(1)					<u> </u>
(2)					
(3)					
(4)					
<u>(5)</u> <u>(6)</u>					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)		. ▶	
Part X	Other Liabilities.				
	Complete if the organization answ	vered "Yes" to Form 99	0, Part IV, Iır	ne 11e or 11f. See	Form 990, Part X,
	line 25.		1 2 27	A TANKS IN THE SECOND STREET, 2 T. 1	The Court of the Real of Sections Co.
1.	(a) Description of liability	(b) Book value			
(1) Federal II					
	ayable to The United Methodist				
	Mobile District Board of	25,000			
(5) Mission	a and Church Extension	23,000			
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.)	25,000			
	r uncertain tax positions. In Part XIII, provid		the organization	on's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	 Complete if the organization answered "Yes" to Form 990, P 	art IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	728
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b	,	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			
	Complete if the organization answered "Yes" to Form 990, P		
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ni de
_	Donated services and use of facilities	2a	
ь	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		34.53
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
_	Add then do and dis		**************************************
C	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10	e <i>18.)</i>	5 p; Part V, line 4; Part X, line

Schedule U (For		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization OPEN DOORS, INC.	Employer identification number 46-1125553						
	10 110000						
Form 990, Part VI, Line 11a - A copy of the final form of the Form 990							
electronically for their review prior to the return being filed.							
Form 990, Part VI, Line 12c - The Organization, on an	annual basis, asks						
each member of the Board of Directors to review the Co	nflict of Interest						
Policy to verify that they do not have any conflicts o	f interest with the						
Organization.							
Form 990, Part VI, Line 15a - The compensation of the							
was reviewed by the Budget and Finance Committee and a							
Board of Directors as part of the approval of the annu	al budget.						
Form 990, Part VI, Line 18 - The Organization's Form 9	90 will be mailed to						
anyone who requests a copy of the form.							
Form 990, Part VI, Line 19 - The Organization's govern	ing documents,						
Conflict of Interest Policy, the annual Audited Finance	ial Statements and						
the Form 990 are made available to anyone who requests	the documents.						
Form, Part III, Line 2 - In April 2013 the Organization	n began operating a						
resale shop. The income from the resale shop will be	used to fund the						
allocations to be made to United Methodist affiliates	in the local area.						

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization Employer identification number								
							Employer identificatio	n number
OPEN	DOORS,	INC.					46-1125553	
						·		
	-							
								
								
			••••••••••					
		·						

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			····					