



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning Jan 1, 2011, and ending Dec 31, 2011

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

C Name of organization Dalton's Greater Works, Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 6
 City or town, state or country, and ZIP + 4
Dalton, GA 30722

D Employer identification number
27-1708515

E Telephone number
706-270-2239

G Gross receipts \$ 105,375

F Name and address of principal officer
Robert Hill P.O. Box 6 Dalton, GA 30722

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.daltonsgreaterworks.com

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2010

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Provides Food, Clothing, Shelter (tents, rent assistance), laundry, showers, haircuts, computer access, and support through a community atmosphere.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0

6 Total number of volunteers (estimate if necessary) 50

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>111,924</u>	<u>104,449</u>
9 Program service revenue (Part VIII, line 2g)	<u>-</u>	<u>926</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>-</u>	<u>-</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>600</u>	<u>-</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>112,524</u>	<u>105,375</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>16,415.50</u>	<u>23,142.39</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>-</u>	<u>-</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>-</u>	<u>-</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>-</u>	<u>-</u>
b Total fundraising expenses (Part IX, column (D), line 20)	<u>500</u>	<u>-</u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>540.71</u>	<u>411</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>102,487.28</u>	<u>109,764</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>10,044</u>	<u>-4,389</u>
20 Total assets (Part X, line 16)	<u>10,044</u>	<u>7,231</u>
21 Total liabilities (Part X, line 26)	<u>-</u>	<u>-</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>10,044</u>	<u>7,231</u>

Part II Signature Block

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

Sign Here Signature of officer Emily Cooper Date 3-25-12
 Type or print name and title Secretary

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2011)

617

15

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:
To help the homeless + indigent in and around Whitfield County, Georgia, regardless of age, race, sexual orientation, gender, mental stability or criminal record.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ *81,525.61* including grants of \$ *0*) (Revenue \$ *0*)

Facility used for laundry, showers, food pantry, clothing closet, kitchen, haircuts, computer area, meetings, training + serving area. Includes all maintenance, rent and utilities.

Weekly Average Usage:

<i>Food Pantry = 25 people</i>	<i>Computers = 25 people</i>
<i>Clothing Closet = 30 people</i>	<i>Haircuts = 15 people (monthly)</i>
<i>Showers = 30 people</i>	<i>Meeting + Training = 20 people</i>
<i>Laundry = 20 people</i>	
<i>Meals = 170 people</i>	

4b (Code) (Expenses \$ *23,142.39* including grants of \$ *1,250*) (Revenue \$ *926*)

Services (Direct) to the Clients. Detailed in Schedule I. Include: Bus Tickets, Food Pantry, Client Rent, Client Utilities, Christmas Gifts, Client Training, Prescriptions, Clothing Pantry, School Supplies, Client Fuel, Tents, Client Auto Repair, Client legal, Tornado Assistance, Client Bikes, Client Phone Minutes and Client Medical Needs.

4c (Code:) (Expenses \$ *2,296* including grants of \$ *0*) (Revenue \$ *0*)

Computers for training, emails, research. Also includes phone line + internet

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

4e Total program service expenses **▶** *106,964*

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	23	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	<input type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>	27	<input checked="" type="checkbox"/>
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 12	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	N/A
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 tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
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 \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a ✓	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b ✓	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b 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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section 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.		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a 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?		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Georgia

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Emily Cooper 1873 Crow Valley Rd NW Dalton, GA 30720
706-280-9787

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robert Hill CEO	40			X				0	0	0
(2) Erwin Lankford Assistant CEO	15			X				0	0	0
(3) Lorraine Raines CEO	1			X				0	0	0
(4) Emily Cooper Secretary	10			X				0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		✓

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4		✓

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a —				
	b	Membership dues	1b —				
	c	Fundraising events	1c —				
	d	Related organizations	1d —				
	e	Government grants (contributions)	1e 1,250				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 103,199				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		104,449	1,250 47,912 55,288		
Program Service Revenue	2a	Sale of Donated Vehicle	Business Code 624200	900	900	—	—
	b	Sale of Book	624100	26	26	—	—
	c		—	—	—	—	—
	d		—	—	—	—	—
	e		—	—	—	—	—
	f	All other program service revenue	—	—	—	—	—
	g	Total. Add lines 2a-2f		926			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		—	—	—
4		Income from investment of tax-exempt bond proceeds		—	—	—	—
5		Royalties		—	—	—	—
6a		Gross rents	(i) Real	—	—	—	—
		Less: rental expenses	(ii) Personal	—	—	—	—
c		Rental income or (loss)		—	—	—	—
d		Net rental income or (loss)		—	—	—	—
7a		Gross amount from sales of assets other than inventory	(i) Securities	—	—	—	—
		Less: cost or other basis and sales expenses	(ii) Other	—	—	—	—
c		Gain or (loss)		—	—	—	—
d		Net gain or (loss)		—	—	—	—
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	—	—	—	—
b		Less: direct expenses	b	—	—	—	—
c		Net income or (loss) from fundraising events		—	—	—	—
9a		Gross income from gaming activities. See Part IV, line 19	a	—	—	—	—
		Less: direct expenses	b	—	—	—	—
c		Net income or (loss) from gaming activities		—	—	—	—
10a		Gross sales of inventory, less returns and allowances	a	—	—	—	—
		Less: cost of goods sold	b	—	—	—	—
c		Net income or (loss) from sales of inventory		—	—	—	—
Miscellaneous Revenue		Business Code					
11a		—	—	—	—	—	
b		—	—	—	—	—	
c		—	—	—	—	—	
d	All other revenue	—	—	—	—	—	
e	Total. Add lines 11a-11d		—	—	—	—	
12	Total revenue. See instructions		105,375	105,375	—	—	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	—	—		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	23,142.39	23,142.39		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	—	—		
4 Benefits paid to or for members	—	—		
5 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 Other salaries and wages	—	—	—	—
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	—	—	—	—
9 Other employee benefits	—	—	—	—
10 Payroll taxes	—	—	—	—
11 Fees for services (non-employees):				
a Management	—	—	—	—
b Legal	250	250	—	—
c Accounting	161	161	—	—
d Lobbying	—	—	—	—
e Professional fundraising services. See Part IV, line 17	—	—	—	—
f Investment management fees	—	—	—	—
g Other	—	—	—	—
12 Advertising and promotion	840	840	—	—
13 Office expenses	—	—	—	—
14 Information technology	2,296	2,296	—	—
15 Royalties	—	—	—	—
16 Occupancy	81,525.61	81,525.61	—	—
17 Travel	—	—	—	—
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	—	—	—	—
19 Conferences, conventions, and meetings	—	—	—	—
20 Interest	—	—	—	—
21 Payments to affiliates	—	—	—	—
22 Depreciation, depletion, and amortization	—	—	—	—
23 Insurance	1,549	1,549	—	—
24 Other expenses. Itemize expenses not covered 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.)				
a	—	—	—	—
b	—	—	—	—
c	—	—	—	—
d	—	—	—	—
e All other expenses	—	—	—	—
25 Total functional expenses. Add lines 1 through 24e	109,764	109,764	—	—
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,370	1	5,981
	2 Savings and temporary cash investments	—	2	—
	3 Pledges and grants receivable, net	—	3	1,250
	4 Accounts receivable, net	—	4	—
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	—	5	—
	6 Receivables from other disqualified persons (as defined under section 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 organizations (see instructions)	—	6	—
	7 Notes and loans receivable, net	—	7	—
	8 Inventories for sale or use	—	8	—
	9 Prepaid expenses and deferred charges	—	9	—
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a —		
	b Less: accumulated depreciation	10b —	10c	—
	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	—
	16 Total assets. Add lines 1 through 15 (must equal line 34)	10,370	16	7,231
Liabilities	17 Accounts payable and accrued expenses	—	17	—
	18 Grants payable	—	18	—
	19 Deferred revenue	—	19	—
	20 Tax-exempt bond liabilities	—	20	—
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	—	21	—
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	—	22	—
	23 Secured mortgages and notes payable to unrelated third parties	—	23	—
	24 Unsecured notes and loans payable 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	—
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,370	27	5,981
	28 Temporarily restricted net assets	—	28	1,250
	29 Permanently restricted net assets	—	29	—
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,370	33	7,231
	34 Total liabilities and net assets/fund balances	10,370	34	7,231

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,764
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,370
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,250
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,231

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant?		<input checked="" type="checkbox"/>
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

2011

**Open to Public
Inspection**

Name of the organization

Dalton's Greater Works

Employer identification number

27-1708515

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No. 11285F

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	N/A	N/A	N/A	112,524	104,449	216,973
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	N/A	N/A	N/A	Ø	Ø	Ø
3 The value of services or facilities furnished by a governmental unit to the organization without charge	N/A	N/A	N/A	Ø	Ø	Ø
4 Total. Add lines 1 through 3.	N/A	N/A	N/A	112,524	104,449	216,973
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).						47,596 104,449
6 Public support. Subtract line 5 from line 4.						169,377

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	N/A	N/A	N/A	112,524	104,449	216,973
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	N/A	N/A	N/A	Ø	Ø	Ø
9 Net income from unrelated business activities, whether or not the business is regularly carried on	N/A	N/A	N/A	Ø	Ø	Ø
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	N/A	N/A	N/A	Ø	926	926 216,973
11 Total support. Add lines 7 through 10						217,899
12 Gross receipts from related activities, etc. (see instructions)					12	926
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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).

10. We received a donation of a vehicle in 2010. One of our clients had need of a car to transport family. We "sold" car for \$900, way under value, so client could feel he contributed, and still make payments while taking care of financial need of family. We also sold one of our bible study guides, for cost, \$26.00 when one of our clients asked to buy a second one for a family member that lived out of town and could not attend classes.

For me \$4,358 is 2011's 2% minimum.

5. There were 4 donors > \$4,358. However, 2 of them are publicly supported non-profit organizations.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Dalton's Greater Works

Employer identification number

27-1708515

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Cat. No. 50055P

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Bus Tickets	36		4,612.66	FMV	Bus Ticket Home, to new job, to family.
2 Food Pantry	1400		4,607.72	FMV	Food + Personal Items
3 Client Rent	31		2,457.85	FMV	Rent Assistance - directly paid to Rent Landlords
4 Client Utilities	38		2,387.91	FMV	Paid to utility companies to keep power water on.
5 Christmas Gifts	447		2,013.16	FMV	Gifts to Children of families in need.
6 Client Training	17		1714.36	FMV	Training for drug rehab, anger management.
7 Prescriptions	71		1299.50	FMV	Maintenance Meds, Antibiotics, Corticosteroids, Mental Health Meds.
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

No individual received assistance at \$5,000 or greater. No Government Agency or Organization received any assistance.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Clothing Pantry	860		1173.96	FMV	Clothing given to people in need - No charge.
2 School Supplies	221		984.71	FMV	School supplies given to children of adults who come to the
3 Client Fuel	25		809.53	FMV	Fuel for those in need - we are located near I-75.
4 Tents	6		615.14	FMV	Tents for the homeless in our community
5 Client Auto Repair	1		149.56	FMV	Small repairs for those that have no other transport.
6 Client legal	2		128.98	FMV	ID cards + legal fees to get required documentation
7 Tornado Assistance	30		105.16	FMV	Helped April 27, 2011 victims in this area.
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Client Bikes	2		30.59	FMV	Most bikes are given to students. These need repair first.
2 Client Phone Minutes	1		26.5	FMV	Client had death in family + needed minutes to arrange.
3 Client Medical	1		25	FMV	Client needed a medical device.
4					
5					
6					
7					

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

Dalton's Greater Works

Employer identification number

27-1708515

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) <i>Jeremy Hill</i>	<i>Son of Board Member Robert Hill</i>	<i>Reduced Cost of Car</i>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) <u>Jeremy Hill</u>	<u>Son of Board Member</u>	<u>900</u>	<u>Payment for donated car</u>		<input checked="" type="checkbox"/>
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Mr. Jeremy Hill and his wife have been a single-income family for 3yrs. With 1 child and one expecting, Jeremy Hill started working full-time in Jan. 2011. With only one car, this was difficult for both of them to work. A car was given in 2010 and Jeremy Hill was the first to request and be able to pay the reduced rate for the vehicle. It had been sitting idle several weeks with no other requestor.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2011

**Open To Public
Inspection**

▶ Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Dalton's Greater Works

Employer identification number

27-1708575

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	-	-	-	-
2 Art—Historical treasures	-	-	-	-
3 Art—Fractional interests	-	-	-	-
4 Books and publications	-	-	-	-
5 Clothing and household goods	✓	-	N/A	N/A
6 Cars and other vehicles	-	-	-	-
7 Boats and planes	-	-	-	-
8 Intellectual property	-	-	-	-
9 Securities—Publicly traded	-	-	-	-
10 Securities—Closely held stock	-	-	-	-
11 Securities—Partnership, LLC, or trust interests	-	-	-	-
12 Securities—Miscellaneous	-	-	-	-
13 Qualified conservation contribution—Historic structures	-	-	-	-
14 Qualified conservation contribution—Other	-	-	-	-
15 Real estate—Residential	-	-	-	-
16 Real estate—Commercial	-	-	-	-
17 Real estate—Other	-	-	-	-
18 Collectibles	-	-	-	-
19 Food inventory	✓	151 151	26,394.82	Receipts
20 Drugs and medical supplies	✓	71	35	Receipts
21 Taxidermy	-	-	-	-
22 Historical artifacts	-	-	-	-
23 Scientific specimens	-	-	-	-
24 Archeological artifacts	-	-	-	-
25 Other ▶ (Building Supplies)	✓	35	8109.24	Receipts
26 Other ▶ (Computer/Internet)	✓	28	980.09	Receipts
27 Other ▶ (Services on Sched. I)	✓	151	11,438.36	Receipts
28 Other ▶ (Mailings)	✓	11	378.18	-
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31		✓
32a		✓

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

.....
Clothing + Household Goods are turned in by a lot of people who do not want receipts. Since Greater Works does not charge for any clothing or Household Goods, we do not issue receipts. Last year (2011), 2 receipts were issued. Both stated "value must be determined by donor." Greater Works has no method to value these items.

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.

▶ Attach to Form 990 or 990-EZ.

2011

**Open to Public
Inspection**

Name of the organization

Dalton's Greater Works

Employer identification number

27-1708575

Part XI 5. As of Dec. 31, 2011, we had not received the second payout of the EFSP (Emergency Food + Shelter Program) Grant that we had been awarded in October. The first amount was 1,250 and after the proper paperwork was submitted, the second payment of 1,250 was to be awarded. The paperwork was successfully received in December, but EFSP could not get the second payment sent before the holidays.

~~Part VII: Please see Schedule I~~

Part VII: Robert Hill handles calls + direct assistance. If Greater Works is open, he's there. Erwin Lankford drives the bus to pickup + drop off on Sunday + Tuesdays. He also helps out with direct assistance. Due to illness, Louaine is currently volunteering as-needed as the financial consultant to Emily Cooper, who keeps the books and deals with legal and procedural matters.

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.

▶ Attach to Form 990 or 990-EZ.

Dalton's Greater Works

27-1708515

Part VI 7b. The board meets with all active groups to discuss finances, policy + changes. This is an open meeting and if the people not on the board have objections to new programs, the items are discussed and path forward is either approved or rejected at that time.

Part VI 11a. All members of the board are given a copy of the completed file. If upon review no changes are noted, the file is sent to the IRS and GA Dept. of Revenue.

Part VI 19. Upon request, copies of documents (except donor lists) are available and will either be mailed to the requester or be available for pickup. Greater Works also has an annual financial report that is printed and available upon request. This includes Cash Flow, Statement of Functional Expense, Statement of Financial Position, Planning Budget for Upcoming Year and explanations about what services are provided, how many people received assistance and needs.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

Dalton's Greater Works

27-1708575

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Cat. No. 50135Y

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b	Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c	Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d	Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e	Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f	Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
g	Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
h	Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
i	Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
j	Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
k	Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
l	Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
n	Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
o	Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
p	Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
q	Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
r	Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) <u>Women's Enrichment Center</u>	<u>b</u>	<u>1000 1000</u>	<u>Check 1040</u>
(2) <u>Raisin Hope Foundation</u>	<u>b</u>	<u>1000 1000</u>	<u>Check 1041</u>
(3) <u>Rev. Steele Jail Ministry</u>	<u>b</u>	<u>1000</u>	<u>Check 1051</u>
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).



Annual Report for Dalton's Greater Works

2011

What an amazing year 2011 was for Dalton's Greater Works. Because of the support from the community, we were able to expand our services. That means more support to our indigent and homeless community, and it means more work for the volunteers. God allowed us to help, and be helped by individuals needing service hours. Plus, he sent us more wonderful people to volunteer! He always provides what we need, when we need it, and as He brought more people to help with the ministry, word started getting out in the surrounding communities about our food pantry, clothing closet and meal programs.

Since the beginning of Dalton's Greater Works 17 years ago, the goal has been not to duplicate services already provided by other ministries such as Providence, Harvest Outreach and Salvation Army. Our goal has been to provide services that are different either in physical needs met or scope of people served. Dalton's Greater Works is open to any person in need, but our friends base is mostly single people and families without children, often a single adult taking care of elderly parents. Our goals are to provide messages of God's truth and salvation and providing for the physical needs while treating each person with the respect and dignity that God wants for each of us. We daily serve individuals who physically live on the street or in one of the numerous camps located around this area. Most of these individuals suffer from mental health issues or some sort of trauma due to abuse to them by others or to themselves in the form of addiction. There is help in the community and we help these people receive these services, but many of them eschew formal help. This year, the number of families with children have been increasing, and we've also seen a disproportionate increase in families made up of adults taking care of elderly parents.

Services:

Last year we fed an average of 65 friends on Tuesday night and 50 on Sunday morning. This year the numbers are closer to 100 on Tuesday nights and 85 on Sunday. We still offer free laundry on Wednesdays and Thursdays and although we have added another set of washers and

dryers, we cannot meet the needs of the community. We would add more, but we are out of space. Our wonderful volunteer from the local barber shop cuts between 15 and 20 friends' hair every month.

Our Food Pantry has become one of the biggest draws. Last year we averaged 25-30 friends a month. This year we're seeing 25-30 friends a week. It is our single largest pull on resources and God has not let us run out of food a single time (although we've felt it was close a few times). Despite not always knowing how, when and where the food will come from, we still run the Food Pantry as Client's Choice.

Client's Choice means that the friend who comes to get food is given an item allowance and is allowed to pick the groceries. Studies of food pantries that use this method versus the normal pre-boxed method showed that more items were retained by the clients and the needs were met for a longer period of time. This style of providing against hunger also allows people to better manage medical issues like diabetes and high blood pressure. As long as low sodium and low sugar foods are available, our friends in need have been able to pick choices that help them live healthier lifestyles. Dalton's Greater Works Food Pantry also fills the gap that many of the food pantries in Dalton cannot provide for...single people and adult families without children.

The volunteers that started the pantry felt led to move on to other endeavors and we miss them, appreciate what they have done for God and this ministry, and pray that their current calling is as successful as they helped make the Food Pantry. Currently the pantry is being "manned" by some of our friends who want to give back for the help they have received and continue to receive. We are also receiving a fuel cost benefit from The Chattanooga Food Bank opening a satellite office in Dalton, GA. CFB used our parking lot for several months to distribute food to this area while they scouted out a location. We were happy to provide this service and are happy that they have moved into a second location – down the street.

Our Clothing Closet has grown and expanded in 2011. The volunteers that had been maintaining the Clothing Closet felt led to follow other callings and we miss them and pray their current calling is also successful. A new family has taken over management of the Closet and since they are bilingual, they have been able to help us in more ways than just helping people to pick out clothes.

A drug-rehab bible study was started by one of our Board members at the Underwood Lodge. The Underwood is somewhat notorious around this area for being the best place to go to get drugs and other illegal items. The owners of the Underwood Lodge gladly gave us a room to use for this weekly bible study and said once we outgrow that room, they will knock the wall down to the room next to it and make a bigger space. God is using that bible study to help provide assistance to those with addictions and help Greater Works provide services for the families that often suffer because of parental addictions.

Dalton's Greater Works continues to provide for necessary maintenance prescriptions, glasses, bus tickets for emergencies, fuel for generators and the occasional automobile, rent for someone who would be on the street, utilities to keep heat and lights going and sadly, the occasional funeral. Dalton's Greater Works lost two friends again in 2011, both were long-standing members of the homeless community. Pappy and JP were both good men and will be missed by all of us.

We ended 2011 with a giant Christmas toy campaign. We were given money by a local family who opened their home to raise funds for Dalton's Greater Works to give gifts to children in need. We were able to give 447 children gifts, serving 141 families who came by on Saturday, Dec. 18th. Darlene Hill said it was one of the most enjoyable days she's had since the ministry started and we hope this is a tradition we can continue.

Goals:

Due to help from a couple local churches, we were able meet one of our 2010 5-year goals: to provide a bible for any person who requests one. We also started branching out into helping people acquire their ID's and help with some legal work. That is solely dependent on the time of a couple of the board members and is not highly publicized because those individuals have enough time to help the 3-4 a month that request help, but could not handle the numbers that would ask for help if they knew it was a free service.

In the next five years, we would like to be able to provide transitional housing, job training, computer training, and financial management training. It is not our intent to be the largest food and clothing provider in the area, rather we would like to expand even further on the services that are unique to Dalton's Greater Works. We would like to be able to provide more laundry facilities, more hygiene related services, full medical services (including dental) and a way to take food and ministry to outlying areas, places we cannot reach with the van we acquired in 2010 or the bus that First Presbyterian graciously allows us to borrow.

There are also some hopes and prayers that would make the "administrative" part of managing a homeless assistance program easier. We currently are given a great rent reduction, but we would like to have debt-free facilities and ownership of the entire premises. Dalton's Greater Works cannot shelter men and women from the harsh elements of winter because the sprinkler system control panel is located in a part of the building that is leased by a night club. There is an available Laundromat facility at the other end of the building, but the equipment is so old that it is cost prohibitive to run. Right now we have two wonderful couples that run the Day Center on Wednesdays and Thursdays, but having the volunteer staff available to help our friends apply for disability, learn how to use the computer, or train for job skills would be invaluable for getting many of these people out of the grip of hopelessness. God has proven Himself faithful month after month, and we know that our needs will always be met. Knowing we have a stable financial support base would help us to focus on using God's abundance to reach into other areas

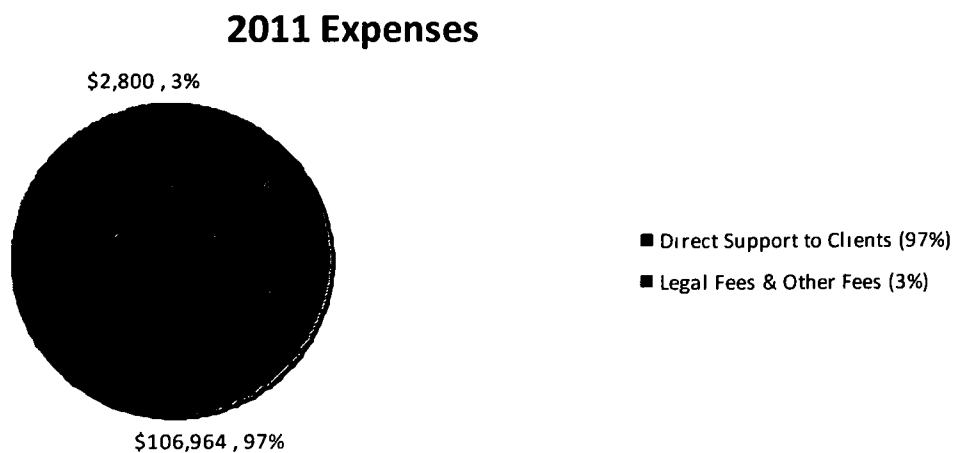
of our community in need. We also would like to find a way to partner with grocers and other food pantries in the area to buy food at wholesale and provide for the needs of the area during a time when the major food banks in Atlanta and Chattanooga are also experiencing shortages.

Volunteers:

We have an amazing group of volunteers at Dalton's Greater Works. The entire organization is run through the time and talents of those that freely give both of themselves and of their resources. There is not a single paid person at Dalton's Great Works. Darlene Hill is currently heading up our volunteer coordination and we welcome anyone. We do like to know what our volunteers are good at, and enjoy, so that they can be guided towards the areas they would get the most from, there are lots of areas of opportunity.

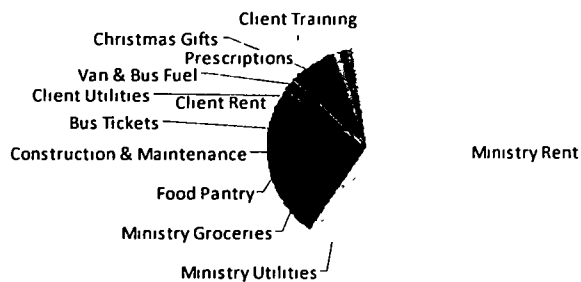
Now to the boring part...the financials.

Here is the general breakdown of our expenses in 2011.



Everything that comes in goes back out. We do not charge for our services or for the food and clothing. Everything we receive from God is free, we are just giving as He gives. Because we want the people who support this ministry to feel confident in how the monies generously donated are used, here are breakdowns of the two categories.

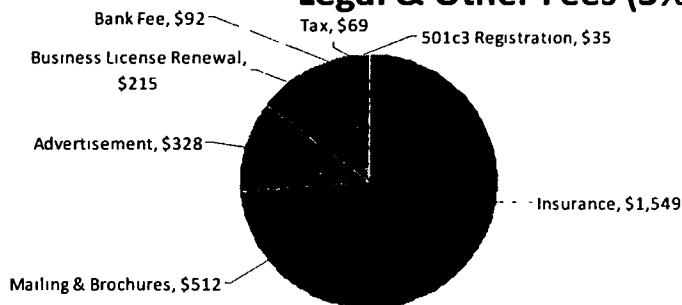
Direct Services to Friends (97%)



Less than 1.5%

Computers
Clothing Pantry
Van Maintenance
Internet & Phone
School Supplies
Client Fuel
Supplies
Tents
Donations to other Non-Profits
Client Auto Repair
Tornado Assistance
Client Bikes, Phone, Medical
Recovery Classes

Legal & Other Fees (3%)



This is a complete accounting of monies spent in 2011. At the end of the year, we had a small surplus that will pay for rent and utilities for two months of 2012 if other donations do not arrive. We trust God to provide all our needs, and more; and hope that you feel we are being proper stewards of the talents and gifts we receive from you.

Thank you for your support in 2011. Please continue to pray that we continue to follow God's heart in 2012.

Sincerely,

Emily Cooper, Chief Financial Volunteer

Dalton's Greater Works, Inc.

Statements of Functional Expenses For Year Ending December 31, 2011

2011			
Income	Direct Purchase	Donor Receipts	Total
Donations	\$46,247		\$46,247
Offerings	\$1,665		\$1,665
Goods in Kind		\$55,288	\$55,288
Grants	\$1,250		\$1,250
Non-Taxable Income			\$104,449
Other (Sale of Car to Client)	\$926		\$926
Total Income:			\$105,375
Expenses			
Direct Support to Clients			\$106,964
Ministry Rent	\$13,000	\$42,000	\$55,000
Ministry Utilities	\$8,753	\$145	\$8,898
Ministry Groceries	\$5,229	\$3,544	\$8,773
Food Pantry	\$3,368	\$1,334	\$4,702
Construction & Maintenance	\$4,108	\$281	\$4,390
Bus Tickets	\$3,261	\$670	\$3,931
Client Rent	\$2,176	\$282	\$2,458
Client Utilities	\$2,355	\$33	\$2,388
Van & Bus Fuel	\$1,760	\$558	\$2,318
Prescriptions	\$866	\$1,189	\$2,055
Christmas Gifts	\$1,068	\$890	\$1,958
Client Training	\$1,265	\$426	\$1,691
Computers	\$74	\$1,194	\$1,269
Clothing Pantry	\$888	\$286	\$1,174
Van Maintenance	\$1,135	\$7	\$1,143
Internet & Phone Services		\$1,027	\$1,027
School Supplies	\$400	\$585	\$985
Client Fuel	\$660	\$150	\$810
Supplies	\$393	\$300	\$693
Tents	\$615		\$615
Donation to Other Non-Profits	\$300		\$300
Client Auto Repair	\$150		\$150
Tornado Assistance	\$105		\$105
Client Bikes	\$20	\$11	\$31
Client Legal Fees	\$20	\$9	\$29
Client Phone Services	\$27		\$27
Client Medical	\$25		\$25
Recovery Classes		\$23	\$23
Legal Fees & Other Fees			\$2,800
Insurance	\$1,549		\$1,549

Mailing & Brochures	\$418	\$94	\$512	
Advertisement	\$328		\$328	
Business License Renewal		\$215	\$215	
Bank Fee	\$92		\$92	
Tax	\$69		\$69	
501c3 Registration		\$35	\$35	
Total Expenses				<u>\$109,764</u>
Balance into 2011				<u>-\$4,399</u>
Balance forward from 2010				<u>\$10,370</u>
Bank Closing Statement Dec. 31, 2011				<u>\$5,971</u>

Dalton's Greater Works, Inc.

2011 Budget

Income		Total
Donations		\$67,000.00
Goods in Kind		\$65,000.00
Offerings		\$600.00
Total Income:		<u>\$132,600.00</u>
Expenses		
Direct Support to Clients		\$128,800.00
Ministry Rent	\$60,000.00	
Ministry Groceries	\$15,000.00	
Ministry Utilities	\$10,000.00	
Food Pantry	\$7,000.00	
Construction & Maintenance	\$5,000.00	
Bus Tickets	\$5,000.00	
Prescriptions	\$4,000.00	
Client Utilities	\$3,500.00	
Van & Bus Fuel	\$3,000.00	
Client Rent	\$3,000.00	
Clothing Pantry	\$2,000.00	
Christmas Gifts (for families)	\$2,000.00	
Computers	\$1,000.00	
Supplies	\$1,000.00	
Internet & Phone Services	\$1,000.00	
Tents	\$1,000.00	
Van Maintenance	\$1,000.00	
School Supplies	\$1,000.00	
Client Fuel	\$1,000.00	
Client Auto Repair	\$500.00	
Glasses	\$500.00	
Client Bikes	\$500.00	
Recovery Classes	\$500.00	
Client Training	\$200.00	
Client Phone Services	\$50.00	
Client Legal Fees	\$50.00	
Legal Fees & Other Fees		\$3,800.00
Insurance	\$1,800.00	
Mailing & Brochures	\$800.00	
Advertisement	\$500.00	
Business License Renewal	\$300.00	
Fundraising	\$200.00	
501c3 Registration	\$100.00	
Bank Fee	\$100.00	
Total Expenses		<u>\$132,600.00</u>

Dalton's Greater Works, Inc.

Statements of Activities For Year Ending December 31, 2011

	<u>2011</u>
Revenues and Gains:	
Contributions	\$104,449
Sale of Car to Client	\$ 926
Total unrestricted revenues and gains	<u>\$105,375</u>
Expenses and losses:	
Program Services	\$106,964
Legal Fees & Taxes	\$ 2,800
Total expenses and losses	<u>\$109,764</u>
Net assets, beginning	<u>\$10,370</u>
Net assets, ending	<u>\$ 5,981</u>

Dalton's Greater Works, Inc.

Statements of Financial Position
December 31, 2011

<u>ASSETS</u>	<u>2010</u>
Current Assets:	
Cash	\$5,981
Grants Receivable	\$1,250
Accounts Receivable	<u>\$0</u>
Total Current Assets	<u>\$7,231</u>
Property and Equipment, net	<u>\$0</u>
Total Assets	<u>\$7,231</u>
<u>LIABILITIES</u>	
Current Liabilities:	
Accounts Payable	\$0
Accrued payroll and related expenses	<u>\$0</u>
Total Current Liabilities	<u>\$0</u>
<u>NET BALANCE</u>	
Unrestricted	<u>\$7,231</u>