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510 05/08/2012, 10 22 AM Form

È epartment of≰he 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

<u>A</u> F	or the 2011 c	alendar year, or tax year beginning, and ending		
B CI	neck if applicable	C Name of organization	D Emplo	yer identification number
A	ddress change	DOTHAN RESCUE MISSION, INC.		
\equiv		Doing Business As	63-	0772354
ᆗᅢ	ame change	Number and street (or P O box if mail is not delivered to street address) Room/suite		one number
In	itial return	PO BOX 6691	334	4-794-4637
Пт	erminated	City or town, state or country, and ZIP + 4	1 33	1-131-1031
=				
A	mended return	DOTHAN AL 36302-6691	G Gross reco	eipts \$ 1,163,462
	pplication pending	F Name and address of principal officer	a group return for	affiliates? Yes X N
		BRADLEY HARDY	a group return for	
		PO BOX 6691 H(b) Are a	Il affiliates included	Yes No
		DOTHAN AL 36302-6691	"No," attach a list	(see instructions)
1 1	ax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527		
			p exemption numb	ar b
	orm of organization		p exemption name	
****				M State of legal domicile
<u> </u>		immary		
Ì	•	scribe the organization's mission or most significant activities		
ا بو		PREAD THE GOOD NEWS OF SALVATION THROUGH CHRIST BY SERVING		os of
Activities & Governance	THE	POOR, ADDICTED, AND HOMELESS; SO THAT LIVES MAY BE CHANGED	THROUGH	
ĔΙ	REDE	MPTION, RECOVERY & RE-ENTRY BACK INTO SOCIETY.		
۱	2 Check th	is box Fig. if the organization discontinued its operations or disposed of more than 25% of its net as	sets	
Θ	3 Number	of voting members of the governing body (Part VI, line 1a)	3	19
જ ျ		of independent voting members of the governing body (Part VI, line 1b)	4	19
흝			———	60
₹		nber of individuals employed in calendar year 2011 (Part V, line 2a)	5	
٧		nber of volunteers (estimate if necessary)	6	100
Ì	7a Total unr	elated business revenue from Part VIII, column (C), line 12	7a	<u> </u>
	b Net unre	ated business taxable income from Form 990-T, line 34	7b	(
- 1			Year_	Current Year
۰	8 Contribu	ions and grants (Part VIII, line 1h)	216,472	212,588
[[9 Program	service revenue (Part VIII, line 2g)	22,021	21,552
Kevenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	6,026	2,660
ž	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,096	922,853
			84,615	1,159,651
		nd similar amounts paid (Part IX, column (A), lines 1–3)	22,399	20,190
			0	
		paid to or for members (Part IX, column (A), line 4)		5,244
es			38,226	524,011
xpenses	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)	0	(
₹	b Total fun	draising expenses (Part IX, column (D), line 25) ▶		
Ŵ	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	98,739	703,069
	18 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	59,364	1,252,514
J		enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12	25,251	-92,863
돌회	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Current Year	End of Year
Assets or d Balances	20 Total ass		10,893	1,518,359
Ba		ilities (Part X, line 26)	61,900	62,229
	= -		48,993	1,456,130
			740,333	1,430,130
		gnature Block		
Un	der penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my kno	wledge and belief, it is
tru	e, correct, and c	omplete Declaration of preparer that than officer) is based on all information of which preparer has any knowle	age	-/-/-
	▶ ⊀	1 /h 1/1	W .	2/14//2
Sig	n 🏲 :	Signature of officer	Date	/ /
Sig Her	e L	BRADLEY HARDY EXECUTIVE D	IRECTOR	
•		ype or pnnt name and title		-
		e preparer's name	Chart	d PTIN
Paid		No.	0,,,,,	L_J"
ص.ت حمح	Georg		08/12 self-en	
iet	Only		Firm's EIN	63-1012714
JS6	Only	3646 W MAIN ST]	
	Fırm's ac	dress DOTHAN, AL 36305-1048	Phone no	334-793-1414
Mav	the IRS discus	s this return with the preparer shown above? (see instructions)		V Vac Na

Form 990 (2011) DOTHAN RESCUE MISSION, INC. 63-0772354	Page 2
Part III. Statement of Program Service Accomplishments	v
Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission	X
TO SPREAD THE GOOD NEWS OF SALVATION THROUGH CHRIST BY SERVING THE NE	EEDS OF
THE POOR, ADDICTED, AND HOMELESS; SO THAT LIVES MAY BE CHANGED THROUGH	3H
REDEMPTION, RECOVERY & RE-ENTRY BACK INTO SOCIETY.	
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
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 X No
If "Yes," describe these changes on Schedule O	163 22 110
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 \$ 36,442 including grants of \$) (Revenue \$)
WCHP - 60-bed men's facility used to house homeless men; includes an	·
educational space for training homeless clients for them to integrate)
themselves back into society	
4b (Code) (Expenses \$ 26,796 including grants of \$) (Revenue \$)
WOMEN'S SHELTER - 20-bed facility used to house homeless women	
20.106	
4c (Code) (Expenses \$ 22,126 including grants of \$) (Revenue \$ FAMILY LODGE - facility consisting of 4 apartments used to house home	elegg)
families. This lodge provides a means to keep families together during	
stressful event.	
4d Other program services (Describe in Schedule O)	
(Expenses \$ 112,407 including grants of \$ 20,190) (Revenue \$	
4e Total program service expenses ▶ 197,771	
DAA	Form 990 (2011)

Pa	art 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	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			_==_
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ ` _		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	•		
3				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ا ہ		x
	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.		х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	complete Schedule D, Part VI	11a	X	
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	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	g , , , , , , , , , , , , , , , , , , ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	, , , , , , , , , , , , , , , , , , ,			
	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	14b		Х
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	1 990 (2011) DOTHAN RESCUE MISSION, INC. 63-0772354		F	age 4
Pa	art 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 19 If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		 -
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	235		
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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)	į		I
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	\vdash	1
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	 •		 -
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	 	_	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		x
35a		35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_36_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			[
	, , ,	1		

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

Form **990** (2011)

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Part VI

Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance				-	
<u>.</u>	Check if Schedule O contains a response to any question in this Part V					
			1	£	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a_	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					•
	reportable gaming (gambling) winnings to prize winners?			1c	X	
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_	60	——Í.,	v	ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	,		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	 	A
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_ <u>3b</u> _	├	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	Siai		40		х
L	account)? If "Yes," enter the name of the foreign country ▶			<u>4a</u>	 	
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ac	counte				Ī
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Courits	1	5a	İ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b	 	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•		5c	†	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1 30		†
•	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	ог				
-	gifts were not tax deductible?			6ь		1
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				•
	and services provided to the payor?			7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	1	1	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	I		1	ŧ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont			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		-	<u>7g</u>	╅┈	\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n tile a	Form 1098-C7	7h	 	╁─
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				1	1
	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		f
9	Sponsoring organizations maintaining donor advised funds.				 	1
а	Did the organization make any taxable distributions under section 4966?			9a	1	Ī
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	1	T
10	Section 501(c)(7) organizations. Enter			50	1	
. а	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				1
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources					I
	against amounts due or received from them)	11b	<u> </u>			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	0412		12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	↓	<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O					1
b	Enter the amount of reserves the organization is required to maintain by the states in which	ı	ı			1
	the organization is licensed to issue qualified health plans	13b	1			
C	Enter the amount of reserves on hand	13c			 	177
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	_	X
<u> 0</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C			14b	1	1

	art Vi. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	low and f		age o
	· · · · · · · · · · · · · · · · · · ·			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedu	ie	
500	O. See instructions Check if Schedule O contains a response to any question in this Part VI		_	
360	tion A. Governing Body and Management			
4-	5-1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19	 		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	į į		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
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	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	_12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	·	X
b	Other officers or key employees of the organization	15b		X
	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?	16a	•	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	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?	16ь		[
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
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 ▶ DOTHAN RESCUE PO BOX 6691			
D	OTHAN AL 36302	334-79	4 - 4	637

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

Check 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 boy if neither the ergenization per any related erganizations compensated any ourrent officer director, or tripted

hours for related organizations in Schedule O) (1) See Attached List (2) Bradley Hardy hours for related organizations in Schedule O) (2) Bradley Hardy organization in stitutional trustee organization (W-2/1099-MISC)		<u>e</u>	director, or trustee	ent officer,	nsated any cui	mpe	ns co	zatio	ganız	ed or	elate	lization nor any re	Check this box if neither the organ	
0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Estimated amount of other compensation from the organization	from 15	Reportable compensation fror related organizations	on	Report: compens fron the organiza	an ee)	both truste	ition more rson is irector	Posi check i ess pei nd a di	x, unit	off	Average hours per week (describe	
0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								_		\vdash	-	$\vdash\vdash$	t	(1) See Attached Lis
(2) Bradley Hardy Ex. Director 40.00 X 59,130 0 13	0		o		o				ļ					()
Ex. Director 40.00 X 59,130 0 13														(2) Bradley Hardy
	,800	13	o		9,130							x	40.00	
														(3)
(4)											_			(4)
(5)														(5)
(6)														(6)
(7)			-			· · · · · · · · · · · · · · · · · · ·								(7)
(8)														(8)
(9)														(9)
(10)								!-						10)
(11)					:								i	11)
(12)								_						12)
(13)														13)
(14)														14)

	. (A) Name and title	(B) Average hours per week (describe hours for	bo	x, unic	Pos check ess pe	rson i	than o is both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim amou oth comper from	ated int of er isation
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	(W-2/1099-MISC)	(W-2 1035-MISC)	organiz	zation slated
(15)		-										
(16)										· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(17)	*****	-					ļ					
(18)				<u> </u>								
(19)	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						†					
(20)	·											<u> </u>
(21)												
(22)	1											
(23)												
(24)			-		-							
(25)	· · ·											
1b c	Sub-total Total from continuation she	ets to Part VII S	ectio	n A	1		٠	>	59,130			13,800
d	Total (add lines 1b and 1c) Total number of individuals (in					linto	d aba	<u> </u>	59,130	00.000		13,800
	reportable compensation from			0	——	iiste	u abc		who received more than \$10			Tax Tax
3	Did the organization list any fo employee on line 1a? If "Yes,"								ee, or highest compensated		3	Yes No
4	For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortab	le co	ompe	ensat	ion a		n the	-	
5	individual Did any person listed on line 1	a receive or accri	ле со	mpe	nsat	ion f	rom a	any i	unrelated organization or ind	lividual	4	X
Sec	for services rendered to the or ction B. Independent Contract		s," c	ompl	ete S	Sche	dule	J fo	r such person		5	<u> </u>
1	Complete this table for your fiv compensation from the organize	zation Report coi	nsate nper	d ind	depe	nder r the	nt cor	ntrac nda	r year ending with or within t	he organization's tax year		
	Name and	(A) 5 business address						_	Descript	(B) tion of services	c	(C) ompensation
								_				
												.
		·-·										
										-·		· • • • • • • • • • • • • • • • • • • •
2	Total number of independent or received more than \$100,000 constants.		-						listed above) who	0		
DAA											Fc	m 990 (2011)

Pa	rt V	III Staten	nent of Reve	nue						
ť							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र इ	1a	Federated can	npaigns	1a				7,111		
ran		Membership di	· =	1b		•				
Ω,E		Fundraising ev		1c						
ar A		Related organi		1d	-					
S,E		_		1e		20,852				
isi.	_	All other contribution								
but the		and similar amounts		1f		191,736				
	g	Noncash contribution	ns included in lines 1a-	 f	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	s 1a-1f			•	212,588			
						Busn Code				
ven	2a	Contrib	utions from	City-	Proje		20,852	20,852		
Re	þ	Contrib	utions - Cle	aring	Hous		700	700		
vice	С									
Ser	d									
Гаш	е									
Program Service Revenue	f	_	am service rever	ue					3 CONO-1 1 1 110 1 1	
_	<u>g</u>	Total. Add line					21,552			
	3		ome (including d	ividend	ds, interes	t,	2 552	2.55		
		and other simil	=			. •	2,660	2,660		
	4		vestment of tax-	exemp	t bond pro	ceeds -				_
	5	Royalties	(ı) Real		(n) E	Personal				
	6a	Gross rents	(I) Near		(") F	ersonal				
	b	Less rental exps								
	c	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•	1			
		7a Gross amount from (i) Securities (ii)			Other					
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)				-				
	d	Net gain or (los	ss)		·					
ne	8a	Gross income fro	om fundraising ever	nts					`	
enu		(not including \$								
Şevi			eported on line 1c)							
Other Reven		See Part IV, line		а		5,235				
Oth		Less direct ex		b		3,811				
_			(loss) from funda	-	events		1,424			
	9a		om gaming activities							
	_	See Part IV, line		a						
		Less direct ex		b			i		1	
		Gross sales of	(loss) from gami	ng acu	villes					
	iva	returns and alle	' - '	а		867,369				
	h	Less cost of g		a b		007,303				
			(loss) from sales	- (entory	-	867,369		ŧ	867,369
			cellaneous Revenue			Busn Code	33,7333		***	007,309
	11a	Other inc	ome	4			54,058	54,058	Ī	
	b									
	С									·
	d	All other reven	ue							
	е	Total. Add line	s 11a–11d			•	54,058			
	12	Total revenue	. See instruction	s		•	1,159,651	78,270	0	867,369

Form 990 (2011)

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)

	red to complete columns (B), (C), and (D) Check if Schedule O contains a response to	any question in this Part IX			<u> </u>
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
_7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	20,190	20,190		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	5,244	5,244		-
5	Compensation of current officers, directors,				
	trustees, and key employees	69,858		69,858	
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 salanes and wages	367,605	22,062	345,543	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	4.0			
9	Other employee benefits	40,172	1,266	38,906	····
10	Payroll taxes	46,376	1,764	44,612	
11	Fees for services (non-employees)				
a	Management				·
b	Legal				-
C	Accounting	9,954		9,954	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
g	Other	27 000			· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	27,888	F 205	27,888	
13	Office expenses	20,013	7,385	12,628	
14 15	Information technology				
16	Royalties Occupancy	334,281	20 150	206 121	
17	Travel	334,201	28,150	306,131	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,416		1 116	
20	Interest	2,517		4,416	
21	Payments to affiliates	2,311		2,517	
22	Depreciation, depletion, and amortization	123,768	86,973	35 705	
23	Insurance	123,700	00,3/3	36,795	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1		ļ	
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O)	1		‡	
а	Vehicle - Store	18,959	——————————————————————————————————————	18,959	
b	Miscellaneous	16,857		16,857	
C	SUPPLIES/POSTAGE	16,238		16,238	
ď	OTHER INSURANCE	14,378	9,884	4,494	
е	All other expenses	113,800	14,853	98,947	
25	Total functional expenses. Add lines 1 through 24e	1,252,514	197,771	1,054,743	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
DAA					50m 990 (0044)

Part	X Balance Sheet	·			
•			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		27,887	_1	34,143
2	Savings and temporary cash investments		121,944	_2	119,600
[3	Pledges and grants receivable, net			3	
4	Accounts receivable, net	<u>L</u>		4	
5	Receivables from current and former officers, directors,	trustees, key		I	
	employees, and highest compensated employees. Com	plete 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			
- 1	employers and sponsoring organizations of section 5010	Ì			
y3	employees' beneficiary organizations (see instructions)			6	
Assets		Γ		7	
¥ 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges	Г		9	
10	Da Land, buildings, and equipment cost or]]			
	other basis Complete Part VI of Schedule D	10a 2,172,632	,		
	b Less accumulated depreciation	10b 809,101	1,456,975	10c	1,363,531
1.				11	
1:	· · ·	[12	
1:		Γ		13	
11.		Ī		14	
11	_	Ī	4,087	15	1,085
10		4)	1,610,893		1,518,359
1			3,886	17	4,253
1:				18	
1	9 Deferred revenue			19	
2	Tax-exempt bond liabilities			20	
2	•	of Schedule D		21	
_σ 2		F			
Liabilities	employees, highest compensated employees, and disqu	·			
<u>ig</u>	Complete Part II of Schedule L	·		22	
2 ا ت	3 Secured mortgages and notes payable to unrelated third	d parties	58,014	23	57,976
2	Unsecured notes and loans payable to unrelated third p	arties		24	
2	5 Other liabilities (including federal income tax, payables t	to related third			
	parties, and other liabilities not included on lines 17-24)	Complete Part X			
	of Schedule D	Ì		25	
2	Total liabilities. Add lines 17 through 25	Ī	61,900	26	62,229
	Organizations that follow SFAS 117, check here ▶	and complete	· · · · · · · · · · · · · · · · · · ·		
es es	lines 27 through 29, and lines 33 and 34.		·		
E 2	-	ì		27	Į.
를 2	Temporarily restricted net assets	Ī		28	
Net Assets or Fund Balances	•			29	
<u> </u>	Organizations that do not follow SFAS 117, check h	nere ▶ 🗓 and			
ō	complete lines 30 through 34.				
\$ 3		ĺ		30	
3		nt fund	11,100		11,100
इं । उ		F	1,537,893		1,445,030
Z 3	-	Ť	1,548,993		1,456,130
3		Ī	1,610,893		1,518,359

1,518,359 Form 990 (2011)

Form 990 (20	11) DOTHAN RESCUE MISSION, INC. 63-0772354			Pag	e 12
Part XI,	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		_		\Box
			<u></u>		
1 Total re	evenue (must equal Part VIII, column (A), line 12)		1,1	59,6	551
	xpenses (must equal Part IX, column (A), line 25)	2	1,2	52,5	14
3 Reveni	ue less expenses Subtract line 2 from line 1	3	9	92,8	363
	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,54	48,9	93
5 Other of	hanges in net assets or fund balances (explain in Schedule O)	5			
6 Net as:	sets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
column	* · · · · · · · · · · · · · · · · · · ·	6	1,45	56,1	30
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
If the o Schedu		CASH	-		No
	ne organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	ne organization's financial statements audited by an independent accountant?		2b		<u> </u>
	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	rganization changed either its oversight process or selection process during the tax year, explain in			1	
Schedu				1	
	to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			I	
	on a separate basis, consolidated basis, or both			I	
	parate basis Consolidated basis Both consolidated and separate basis			1	
	sult of a federal award, was the organization required to undergo an audit or audits as set forth in				
	gle Audit Act and OMB Circular A-133?		3a		<u> </u>
	did the organization undergo the required audit or audits? If the organization did not undergo the				
require	d audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Fon	տ 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Employer identification number

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DOTHAN RESCUE MISSION, INC. 63-0772354 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part 1 The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 Type II c Type III-Functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes 11g(i) (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(di) Provide the following information about the supported organization(s) (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (i) Name of supported (iii) Type of organization (vii) Amount of roanization in col the organization in organization (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? IIS? support? (see instructions)) No Yes Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2011

Page 2 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 gualify 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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 157,634 668,299 192,268 216,472 212,588 1,447,261 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 192,268 157,634 668,299 216,472 212,588 1,447,261 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) 578.280 Public support. Subtract line 5 from line 4 868,981 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 **(b)** 2008 (c) 2009(d) 2010 (e) 2011 (f) Total Amounts from line 4 668,299 157,634 192,268 216,472 212,588 1,447,261 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 151 688 sources 9,017 5,377 565 15,798 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 5,719 (Explain in Part IV) 41,594 40,024 34,558 54,058 175,953 11 Total support. Add lines 7 through 10 1,639,012 Gross receipts from related activities, etc. (see instructions) 12 12 83,505 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 53.02% 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 51.95% 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 16a box and stop here. The organization qualifies as a publicly supported organization 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 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

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

organization

instructions

supported organization

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)

Sec	tion A. Public Support		· .				
Caler	ndar 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)		‡ ‡				
Sec	tion B. Total Support	L.,	Ī	<u>L</u>	I		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(0) 000	(4) = 555	(5)_555	(4) 23 15	(0) 2011	(1) 1014.
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						
С	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	- 1					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					ļ	
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year a	s a section 501(c)	(3)	
<u></u>	organization, check this box and stop here					-	<u> </u>
	tion C. Computation of Public Su	<u> </u>		40.		1.5	
15 16	Public support percentage for 2011 (line 8,		•	(†))		15	<u>%</u>
16 Sec	Public support percentage from 2010 Sche tion D. Computation of Investme					16	<u>%</u>
17	Investment income percentage for 2011 (lin			column (ft)		17	<u></u> %
18	Investment income percentage from 2010		· ·			18	
19a	33 1/3% support tests—2011. If the organ			14, and line 15 is m	ore than 33 1/3%		
	17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2010. If the organ						ب
	line 18 is not more than 33 1/3%, check this						▶ []
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	ind see instructions	s	▶ □

Schedule A (Form 990 or 990-EZ) 2011 DOTHAN RESCUE MISSION, INC.

63-0772354

Page 4

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)

Part II, Line 10 - Other Income Detail

MISCELLANEOUS INCOME

175,953

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization 63-0772354 DOTHAN RESCUE MISSION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

_		SCOR WISS.		INC.		63-077				Page 2
Pa	ert III Organizations Maintaining	Collections of	Art, H	istorical Tr	easures, c	r Other Sir	nilar As	sets (continued	l)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records	check a	ny of the follow	ving that are a	significant use	of its			
а	Public exhibition	d 🗍	Loan or	exchange prog	orams					
b	Scholarly research	e H	Other	onenange pro	g. ao					
С	Preservation for future generations	· L.	010.							
4	Provide a description of the organization's coll	ections and explain	now they	further the ord	ianization's ev	emnt nurnose	ın Part			
	XIV	outone and explain	nom and	idialei ale org	Janization 5 Cx	cript purpose	arr arc			
5	During the year, did the organization solicit or	receive donations of	art biete	orical trascurac	or other sim	ılor				
•	assets to be sold to raise funds rather than to					liai			Yes	
Ps	art IV Escrow and Custodial Arra					worod "Voo	" to Forr	2 000		No
•	line 9, or reported an amour				iizalion ans	wered res	to Fon	11 990,	raitiv,	
	Is the organization an agent, trustee, custodia									
10	included on Form 990, Part X?	n or other intermedia	iry for co	ntributions or c	otner assets n	ot			□ v	
.	•								Yes	∐ No
D	If "Yes," explain the arrangement in Part XIV a	ina complete the follo	owing tai	ole						
_	Decrees tologo								Amount	
C	Beginning balance						1c			
d							1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on For	rm 990, Part X, line 2	21?						Yes	U No
	If "Yes," explain the arrangement in Part XIV									
PE	ert V Endowment Funds. Compl	ete if the organi	zation a	answered "\	es" to For	<u>m 990, Part</u>	IV, line	10.		
		(a) Current year	ļ!	(b) Pnor year	(c) Two yea	rs back (e	d) Three years	back	(e) Four ye	ars back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·								
b	Contributions		ļ							
C	Net investment earnings, gains, and									
	losses		<u>.</u>							
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									***************************************
g	End of year balance	•								
2	Provide the estimated percentage of the curre	nt vear end balance	(line 1a	column (a)) he	ld as					
а	Board designated or quasi-endowment ▶	%	((4),						
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess		on that a	re held and ad	ministered for	the				
	organization by	sion of the organizati	on mar e	ire riela aria aa	ministered for	uie			[v	s No
	(i) unrelated organizations									s No
	(ii) related organizations	,							3a(i)	+
h	If "Yes" to 3a(ii), are the related organizations	listed as required an	Cabadul	I- D2					3a(ii)	+
4									3b	
Da	Describe in Part XIV the intended uses of the lart VI Land, Buildings, and Equi				40					
1 0										
	Description of property	(a) Cost or other	vasis	(b) Cost or o		(c) Accumi			(d) Book valu	18
4 -	Lond	(mvesunent)		(oth	·	deprecia	n	-		
	Land				80,641					,641
	Buildings			1,7	99,671	5	52,513	3	1,247	,158
	Leasehold improvements			ļ			<u> </u>	<u> </u>		
	Equipment			2	92,320	25	<u> 6,588</u>	3	35	,732
	Other	<u></u>		L				<u> </u>		
ota	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part >	(, columi	n (B), line 10(c))		<u> </u>		1,363	,531
							6.	 مانيام مطا	D /Farm 0	00) 0044

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2011 DOTHAN RESCUE MISSION, INC.	63-077235	4	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents	
'1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of pnor year grants	2c		
đ	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per R		<u> </u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	11		
a	Donated services and use of facilities	2a		
þ	•	<u>2b</u>		
С.	Other losses	2c	-	
d				
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	<u> </u>
	art XIV Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2011 DOTHAN RESCUE MISSION, INC.

63-0772354

Page 5

Part XIV Supplemental Information (continued)

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2

SCHEDULE 1

(Form 990)

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

2011

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service			► Attach to Form 990.	30.			Open to ruphic Inspection	ء ج
organizat	ON, INC.				Employer id 63 – 07	Employer identification number 63 – 0772354		
Part 6 General Information on Grants and Assistance	Assistance							
 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	amount of the grant e? torng the use of gran	s or assista	nce, the grantees' elig ne United States	ibility for the grants or	assistance, and		☐ Yes X	% X
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	vernments and ecipient that rec space is needed	Organiz eived mo	ations in the Uni re than \$5,000 C	ted States. Com theck this box if n	plete if the orgar o one recipient i	ization answei eceived more	red "Yes" than \$5,000	
(a) Name and address of organization or government	(b) EIN	(c) IRC section of 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	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ganizations listed in table	he line 1 tal	ble					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	л Form 990.					:	Schedule I (Form 990) (2011)	(011)

Page 2

63-0772354

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 Schedule | (Form 990) (2011) DOTHAN RESCUE MISSION, INC. Part # Grants and Other Assistance to Individuals in the Unit

"	(a) Type of grant or assistance (b) Number of	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 Utili	1 Utility bills for needy		18,783			
2 Help	2 Help for needy families		1,407			
, ,						
4						
ro.						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	olete this part to provid	de the information re	quired in Part I, line 2	, and any other additional i	nformation

Schedule I (Form 990) (2011)

SCHEDULE O (Porm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DOTHAN RESCUE MISSION, INC.

Employer identification number 63-0772354

Form 990, Part I, Line 6

THE ORGANIZATION HAS ABOUT 5-10 VOLUNTEERS THAT PROVIDE THEIR SERVICES ON A REGULAR BASIS. THEY ALSO HAVE ABOUT 100-120 VOLUNTEERS A MONTH FROM SUNDAY SCHOOL CLASSES AND OTHER GROUPS THAT MAY COME ONCE A MONTH. THESE MAY OR MAY NOT BE THE SAME VOLUNTEERS EACH MONTH.

Form 990, Part III, Line 4d - All Other Accomplishment
PROJECT CARE - UTILITY BILLS FOR ELDERLY AND UNDERPRIVILEGED

CLEARING HOUSE - PROVIDING FINANCIAL AID TO NEEDY FAMILIES

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Forms			
990	1	990-	PF

Mortgages and Other Notes Payable

For calendar year 2011, or tax year beginning and ending

2011

Name

Employer Identification Number

DOTHAN RESCUE MI	ISSION, INC.			63-0772354	1
Form 990, Part 2	K, Line 23 -	Additional	Information		
					,
`	me of lender	·	Relationship to dis	qualified person	
(1) NOTE PAYABLE -	- BANKSOUTH				
(2)					
(F)	· · · · · · · · · · · · · · · · · · ·				
(0)					
(7)					····
(0)					
(9)					
(10)					
	····				
Original amount		Maturity			Interest
borrowed	Date of loan	date	Repayment terms		rate
(1) (2)	 				
(3)				······································	
(4)	+				
(5)	+				
(6)					
(7)					
(8)					
(9)					
(10)	<u>L</u>				
		, -····			
C					
(4)	y provided by borrower		Purpose o	orioan	
/3)					
/2)	11	•	,		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	······				
		<u></u>		1	
Consideration	furnished by lender		Balance due at beginning of year	Balance	
(1)	ruminica by ichael		58,014	end of	57,976
(2)		- , -	30,022	-	,,,,,,
(3)					
(4)		<u></u>			
(5)					
(6)					
(7)				ļ	
(8)					
(9)	 		11		·
(10)	·		EQ 014	ļ	7 076
Totals			58,014		57,976

Revised 5/3/2012

DOTHAN RESCUE MISSION

Board of Directors

Executive Director

Employment Date

Bradley D. Hardy

04/26/04

386 Dakota Springs Drive Headland, AL 36345 Home: 693-0141 Bus: 794-4637 Fax: 712-9480 Mobile: 726-3691

Bus: 794-4637 Mobile: 726 Email: hardy2000@hotmail.com

Board of Directors

Membership Date

President

Mr. Tom Ziegenfelder 630 Westbrook Rd 11/15/93 FAX:

Dothan, AL 36303

Home: 479-8165

Mobile: 791-8516

Bus:

Email: ziggv6973@hotmail.com

Vice-President

Mr. George McClintock, Jr.

11/07/09

1602 Montcliff Dr. Dothan, AL 36303

Home: 792-9575

Bus: 677-0508

FAX: 836-0097

FAX: 671-0977

Email: gmmclin301@aol.com

Past-President

Mr. Dan Johnson

9/14/99

205 Girard Avenue Dothan, AL 36303

Home: 702-8894

Bus: 792-5157

Email: djohnson@lbfjlaw.com

Secretary

Sharon McAllister

01/18/89

1201 Earline Road

Home: 792-5221

Dothan, Alabama 36305

Treasurer

Mr. Neal Stanford

03/29/11

704 Wildwood Avenue

Home: 685-3975

Dothan, AL 36303

Email: nstanford@sunsouth.com

From : DOTHAN_RESCUE_MISSION

Fax No. :3347129480

May 03 2012 09:05AM P 7

Revised 5/3/2012

Kristen Baker

206 Orchard Circle

Dothan, AL 36305

Mrs. Dana Cobb

1102 Magnolia Ave. Dothan, AL 36301

Mr. Edwin A Cox

121 Hidden Glen Way Dothan, AL 36303

Mr. Danny Egbert 1006 Overlook Drive

Dothan, AL 36303

Mr. Charles Jenkins 1058 County Road 513

Midland City, AL 36350

Bobbic Marchman 305 Mauldin Drive

Dothan, Alabama 36301

Dr. William McLaughlin 1008 Brookstone Court Dothan, AL 36303

Mr. Mason Morrow 110 Mill Ridge Rd

Dothan, AL 36303

Mr. Marty Robbins 711 Lakeview Street Abbeville, AL 36310 03/29/11

Home: 796-4354

983-6500 ext. 98270 Bus:

Email: kristen.baker@coyan.com

06/05/90

Home: 677-0894 Cell: 718-0715

Email: dacobb2003@hotmail.com

02/17/09

Home: 685-1633(cell) Bus: 699-4036

Email: coxeac@yahoo.com

2008

Home: 793-1872 **Bus:** 693-3369

Email: rangerb5@aol.com

08/10/79

Home: 795-3133

01/24/06

Home: 794-5948

Email: bbmarchman@aol.com

09/27/88

Home: 793-2288

836-3325 (Nurse, Kay) FAX: 836-0097

Email: kmckinnev@dothangi.com

11/17/95

Home: 792-0172 Fax: 702-7815 Bus: 678-2285 Mobile: 618-9049

Email: mason.morrow@bankmidsouth.com

09/14/99

Home: 585-6611 Fax: 671-2802 **Bus:** 794-8120 Mobile: 726-0057

Email: mdrobbins2(a)gmail.com

mdrobbins@martyrobbinsroofing.com

From :DOTHAN_RESCUE_MISSION

Fax No. :3347129480

May 03 2012 09:05AM P 8

Revised 5/3/2012

Rev. O'Neal Robinson

2400 Stonebridge Road

Dothan, Alabama 36301

11/22/93

Home: 793-6991

Email: T.O.Robinson@GRACEBA.net

Rev. Ernest Small

500 Mayo Street

Dothan, AL 36301

10/25/05

Home: 792-8819

Cell: 701-4609

Email: ernestsmall@juno.com

Ms. Sandra (Sandy) Spengler

2104 Hardwick Drive Dothan, AL 36303 11/17/97

Home: 793-1220 Bus: 556-2212

Email: spengler2104@comcast.net

Mrs. Hope Wyatt 1300 Haisten Drive

Dothan, Alabama 36301

03/11/91

Home: 792-8978

05/01/2012 9:21 AM Page 1

Tax Asset Detail 12/01/11 - 12/31/11

510 DOTHAN RESCUE MISSION, INC. 63-0772354 FYE: 12/31/2011 Mth: 12/31/2011

Asset t	d t Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method F	Tax Period
Group:	Buildings & Improvements										
123	Women's Shelter building Fence for Women's Shelter	10/01/87	20,945	000	000	20,945	000	20,945	000	SZL	20 0 6 0
14 13	Security system - W S. Remodeling-Women's Shelt		537 10,713	00	00	537 10,713	00) 53 / 10,713	00	S/L S/L	09
91	Remodeling - Store #1		6,300	0	0	6,300	0	6,300	0	S/L	200
<u>~</u>	Remodeling - W.S. Remodeling - W.S.	1/04/88	1,011	00	00	1,011		1,011	0	S/L S/L	0.09
6	Remodeling - W.S		2,918	0	0	2,918	0	2,918	0	S/L	6.0
20	Roof- Women's Shelter	9/30/88	5,100	00	0	5,100	0	5,100	0	SVL	60
55 25	Building - Store #2	12/04/89	50,000 20,404	0	0	14,510	161 55	14,671	5.871	S/L S/L	31.0
[23	Building & remodeling	5/01/91	90,046	0	0	59,791	242	60,033	30,013	SVL	31.0
2 4 2 4	Store remodeling	1/08/92	9,031	00	00	9,031	00	9,031	00	7.5.T	0 9
28	Store remodeling	2/03/92	772	0	0	1,780	0	772	0	SV	0.0
27	Store remodeling	2/07/92	11,372	0	0	11,372	0	11,372	0	Z/S	09
% 5 7 8 7 8	Store remodeling Store remodeling	3/06/92	308 4 742	00	00	308 4.742	00	308 4.742	0	S/L S/L	0.0
30	Roof repair	5/04/92	689	0	0	689	0	689	0	S/L	0.9
31	Store remodeling	5/04/92	2,752	00	00	2,752	00	2,752	00	S/L	09
35	Re-1001 Office Rack/table renair	12/12/93	1,430	-		1,450	00	395	0	SVE	200
38	Chapel building	11/01/97	249,097	0	0	87,701	519	88,220	160,877	S/L	40.0
38	New floor	11/17/99	23,900	0	0	19,120	132	19,252	4,648	S/L	150
39	Paved parking lot	6/21/99	1,123	00	00	929	591	936	187	7/S 8/T	30.0
136	Office building	5/30/02	158,943	0	0	38,887	339	39,226	119,717	ST	39.0
137	Women's Shelter building	5/30/05	198,863	0	0	48,653	425	49,078	149,785	S/L	39 0
	Building	Buildings & Improvements	1,166,311	00	0	468,878	2,471	471,349	694,962		
Group:	Group: Buildings - WCHP										
188	Northstar Engineering	1/10/11	2,538	00	Õ	57	\$	62	2,476	ŠÆ	390
189	Kamsey, Baxley	1/0/11	1,606	၁ ၀	00	36	537	39	1,36,1	7,5	39.0
161	Engineered Systems	1/10/11	224,811	38	0	5,064	460	5,524	219,287	S/L	39.0
192	Ramsey, Baxley	1/10/11	30,563	00	0	889	63	751	29,812	S/L	39.0
		Buildings - WCHP	521,707	00	0	11,751	1,068	12,819	508,888		
Group:	Group: Equipment										
115	Security system - chapel	11/11/97	715	0	0	715	0	715	0	S/L	7.0
116	Walk-in freezer - chapel	11/11/97	4,796	00	00	4,796	00	4,796	00	75	7.0
123	Surveillance equipment	6/19/02	2,495	000	748	2,495	00	2,495	000	200DB	0 0 0
126	surveillance equipment	7/23/02	124	00	37	124	0	124	0	200DB	7.0

Page 2 9:21 AM 0.70 α Tax Period Tax Method 2000B 2000B 2000B 2000B 2000B 2000B 2000B 2000B 200DB 200DB 200DB 200DB 200DB 05/01/2012 0 0 0 0 0 0 49 49 529 Tax Net Book Value 00000 450 474 240 240 0 53 1,797 1,797 315 500 310 1,000 1,000 1,000 1,000 800 1,000 300 700 1,000 635 4,090 453 1,051 1,621 6,580 4,225 4,824 2,750 8,088 26,467 Tax End Depr Tax Current Depreciation 823 528 689 393 156 589 45 12/01/11 - 12/31/11 Tax Prior Depreciation 53 1,797 315 300 300 317 150 1,000 1,000 800 2,333 2,330 2,300 300 700 1,000 635 4,090 453 1,043 3,077 5,757 3,697 4,135 2,357 6,932 22,878 210 300 191 136 ,835 ,075 6,580 4,225 4,824 2,750 8,088 0000000000000000000000000000 5,912 Tax Bonus Amt 26,467 Tax Asset Detail 8888818 Sec 179 Exp Current = c ဝိျ 00000000 300 700 1,000 635 4,090 453 1,100 3,669 2,150 6,580 4,225 4,824 2,750 8,088 26,467 22,937 Tax Cost 9/05/02 12/19/02 12/19/05 11/26/08 Date In Service Equipment & F - Store 3 12/12/80 6/26/81 2/01/84 4/01/84 5/01/85 10/01/85 10/01/85 1/09/86 5/06/86 6/04/86 9/11/86 9/11/86 3/14/87 3/11/90 3/10/92 3/00/92 8/13/02 8/13/02 8/30/02 9/05/02 5/04/93 7/16/93 1/31/94 5/20/80 5/04/11 5/05/11 6/08/11 6/08/11 6/13/11 DOTHAN RESCUE MISSION, INC FYE: 12/31/2011 Mth: 12/31/2011 Œ, Cable system for internet service Telephone system-office Property Description Pressure washer Surveillance equipment Sign Gondola unıts & racks Walk-ın refrigerator Security system Cash register Group: Equipment (continued) Group: Furniture & Fixtures Pot rack - kitchen Refrigerator - W.S. Ś elephone system Adding machine 2 file cabinets Kitchen stove Typewriter Typewriter Refrigerator - M S 2 Cash Registers New Stove Racks & Shelves Racks & Shelves Computer printer Security System Vacuum cleaner Drapes Cash register Filter Queen Crine copier Cooler Cash Register Group: F & F - Store 3 Dishwasher Handtruck Computer Cooler Cooler Copier 63-0772354 Fans Fans o ⊷ 510 Asset 197 198 201 203

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Tax Asset Detail 12/01/11 - 12/31/11

510 DOTHAN RESCUE MISSION, INC. 63-0772354 FYE: 12/31/2011 Mth: 12/31/2011

Date
Service Cost Court Cost Courtent Court
Date in
Date In Service Tax Sec 179 Exp Tax Tax Depreciation
Date In Service Tax Current = C. Bonus Amt Deprecia Tax Deprecia 9/30/92 3.493 0 0 0 3/08/93 3,493 0 0 0 4/06/93 1349 0 0 0 4/06/93 1389 0 0 0 8/15/95 124 0 0 0 8/15/95 138 0 0 0 8/15/95 138 0 0 0 8/16/95 138 0 0 0 11/10/95 1,582 0 0 0 11/10/95 1,582 0 0 0 11/10/95 1,582 0 0 0 11/10/95 1,582 0 0 0 11/10/96/01 1,978 0 0 0 11/10/96/01 1,978 0 0 0 11/10/96/01 1,978 0 0 0 11/10
Service
Service Cost Sec 179 Ex Sec 170 Se
Service Cost 9/30/92 3.493 4/06/93 3/493 4/06/93 3/493 2/04/94 325 8/15/95 124 8/15/95 124 8/15/95 124 8/15/95 124 8/15/95 124 8/15/97 2,000 1/10/99 1,160 6/11/99 1,285 1/10/99 1,285 1/10/99 1,160 6/11/99 1,285 1/10/99 1,160 6/11/99 1,285 1/10/99 1,160 1/10/99 1,160 1/10/99 1,160 1/10/99 1,160 1/10/99 1,285 1/10/99 1,160 1/10/99 1,285 1/10/99 1,160 1/10/99 1,285 1/10/99 1,160 1/10/99 1,285 1/10/99 1,285 1/10/99 1,160 1/10/99 1,285 1/10/99 1,285 1/10/99 1,285 1/11/01 1,290 1/10/99 1,285 1/11/01 1,290 1/10/99 1,285 1/11/01 1,290 1/10/99 1,285 1/10/99 1,100 1/10
is ear
shelter illance (med)
Asset t Property Description Group: Furniture & Fixtures (continued) 82 Blinds - store 83 Commercial freezer - M S 84 Work table 85 Fax machine 86 Computer monitor 87 Weed eater 88 Air conditioner 89 Safe 90 TV-VCR 91 Vacuum cleaner 92 Time clock 93 Air conditioner 94 Air conditioner 95 Air conditioner 96 Computer program 97 Copier 98 Chairs - chapel 100 Paper folding machine 101 (3) secretary desks 103 Conference table 104 (4) side chairs 105 (8) ammehairs 106 Bookcase 107 Conference table 108 (4) desk chairs 109 Refrigerator-office 110 Microwave-Office 111 Nicrowave-Office 112 Nacuum cleaners (2) 113 VCR (difference in one returned) 114 Vacuum cleaners (2) 115 Microwave-Office 116 Washer and dryer-women's shelter 117 Ice Machine-Chapel 118 Vacuum cleaners (2) 119 CR (difference in one returned) 130 Office computer 141 Store equt - racks 142 Office Equipment 143 Office Equipment 144 Air Conditioner 145 Bob Woodall - A/C Unit 149 Casual Corner
Asset d Group: F 1 Asset d Group: F 2 Asset d Group: F 3 Asset d G

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510 DOTHAN RESCUE MISSION, INC. 63-0772354 FYE: 12/31/2011 Mth: 12/31/2011

Tax Period	00000000000000000000000000000000000000	7.0 7.0 7.0 7.0 7.0	\$20.0 \$20.0 \$20.0 \$20.0 \$20.0 \$20.0 \$20.0
Tax Method	2000B 2000B 2000B 2000B 2000B 2000B 2000B 2000B 2000B 2000B 2000B	200DB 200DB 200DB 200DB 200DB 200DB	Memo Memo Memo Memo Memo Memo Memo Memo
Tax Net Book Value	540 492 907 592 367 367 367 134 134 134 134 138 118 118 118 118 118 118 118 118 118	22,136 0 2,143 0 24,279	1,000 4,000 15,000 15,000 7,500 7,500 2,586 3,500 6,000 11,055
Tax End Depr	2,759 2,514 4,633 3,023 1,873 1,873 2,037 2,037 2,531 3,417 3,417 1,107 1,107	30,990 8,854 1,709 857 2,750 45,160	0000000000
Tax Current Depreciation	24 44 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	2,582 738 143 71 393 3,927	000000000
Tax Prior Depreciation	2,735 2,492 4,593 2,997 1,857 1,857 2,013 462 462 888 2,515 3,396 3,543 2,935 2,662	28,408 8,116 1,566 786 2,357 41,233	000000000
Tax Bonus Amt	0 0 0 0 0 0 1,500 2,025 2,591 2,147 2,147 1,107 1,107	30,990 0 1,709 0 2,750 35,449	000000000
Sec 179 Exp Current = c	000000000000000000000000000000000000000	ö o ö o ö o ö	0000000000
Tax S Cost (3,299 3,006 5,540 3,615 2,240 2,240 2,240 600 600 600 600 4,050 4,050 7,182 4,294 4,294 4,294 1,107 1,107 1,107	30,990 30,990 1,709 3,000 2,750 69,439	1,000 4,000 15,000 15,000 7,500 7,500 2,586 3,500 6,000 11,055
Date In Service	inued) 10/05/06 11/16/06 11/16/06 11/16/06 11/16/06 11/22/06 11/30/06 11/30/06 12/4/06 12/4/06 12/4/06 12/4/08 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 8/30/07 11/30/08 5/13/10 2 5/13/10 6/13/11 Furniture & Fixtures	1/10/11 10/22/10 1/10/11 11/08/10 6/08/11	1/01/79 1/01/85 1/01/85 1/01/81 7/01/91 2/16/96 4/09/96 7/31/00 10/01/87
Property Description	Furniture & Fixtures (continued) Wiregrass Systems H & S Telecommunications Signs Etc. Wiregrass Systems Platinum Plus Signs Etc Platinum Plus - FFE Rand Blocker H & C Computer Sams Small Engines Washer & Dryers (6) Gondola & Shelves (Store #2) 4-way racks & rails - Store #2 TSI - reversible slatwell shelf (Store Camera System Camera System Camera System Camera System Camera System	Group: Furniture & Fixtures-WCHP 186 Beds for H/P 1/10/11 187 Beds for H/P (1/2) 10/22/10 195 Tables & Chairs 1/10/11 196 Greg Wilson - constructing beds 11/08/10 200 Sign 6/08/11 Furniture & Fixtures-WCHP	Land - men's shelter Land - office Land Land - store Land - store Land - store Land - Appletree St. 257-B S. St. Andrews 104 S. Appletree St. Land or Women's Shelter
d Asset t	Group: Fi	Group: Fi 186 187 195 196 200	Group: Land 1 La 2 La 3 La 4 La 5 La 6 La 7 La 9 10

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Tax Asset Detail 12/01/11 - 12/31/11

510 DOTHAN RESCUE MISSION, INC. 63-0772354 FYE: 12/31/2011 Mth: 12/31/2011

Tax Period	39.0 39.0 39.0 39.0 39.0 39.0 15.0 15.0	00000000000000000000000000000000000000	000000 00000
Tax Net Tax Book Value Method	2,142 S/L 5,407 S/L 6,688 S/L 2,686 S/L 1,563 S/L 651 S/L 408 S/L 6,860 S/L 4,153 S/L 4,153 S/L 4,153 S/L 4,153 S/L	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0 S/L 0 200DB 0 200DB 0 200DB 92 200DB 68 200DB
Tax End Depr	330 833 1,028 414 237 99 70 62 93 1,094 1,780 1,780	10,649 580 222 775 10,000 425 3,000 1,659 960 3,348 5,608 1,084 1,084 1,26 2,635 2,635 493 1,375	14,791 17,900 10,000 6,500 1,508
Tax Current Depreciation	13 17 7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1	000000000000000000000000000000000000000	0 0 0 0 0 0 0 4
Tax Prior Depreciation	325 820 1,011 407 233 97 69 61 92 1,076 1,747 1,747	10,649 580 222 222 10,000 1,659 1,659 1,684 1,08	14,791 17,900 10,000 6,462 1,492 713
Tax Bonus Amt	00000000000000		0 0 0 0 393
Sec 179 Exp Current = c	000000000000000000000000000000000000000	000000000000000000000000000000000000000	00000
Tax S Cost (2,472 6,240 7,696 3,100 1,800 1,800 750 530 8,323 8,323 6,933 5,933 5,933	10,649 580 222 222 775 10,000 3,000 1,659 960 3,348 5,608 1,084 1,	14,791 17,900 10,000 6,500 1,600
Date In Service	10/13/06 10/19/06 10/19/06 10/19/06 11/02/06 11/02/06 11/02/06 11/16/06 11/16/06 11/30/06 12/22/07 6/06/07 7/25/07	ents 3/01/84 2/16/87 2/20/87 3/10/87 3/10/87 3/10/87 3/10/87 11/02/89 ing 3/31/90 3/31/90 ing 4/17/90 5/11/90 11/01/91 e 8/31/91 1/14/92 1/22/92 2/03/92 1/31/92 1/31/92 1/30/82 1/30/82	5/11/90 3/18/05 12/30/05 9/15/06 12/31/07 5/08/08
Asset t Property Description Group: Leasehold Imp Store		40 Leasehold improvements 41 Couch Concrete 42 West Building 43 Brewton Material 44 Cherokee Construction 45 Conerstone Remodeling 46 Conerstone Remodeling 47 Conerstone Remodeling 48 Conerstone Remodeling 49 Carpet - store 50 Air conditioner - store 51 Carpet - office 52 Exhaust fans - store 53 Carpet/vinyl flooring 54 Roll-up door & locks 55 Floor covering 56 Sign 57 New roof - store 58 Miscellaneous 59 Leasehold I	Group: Transportation Equipment 118 1990 Dodge Van 146 New Truck 147 2000 Chevy Van (donated) 169 Van (donated) 176 92 Oldsmobile (donated) 179. Trailer
Asset t	152 153 153 153 154 155 157 173 173 173 173 173 173 173 173 173 17	25	Group: 1 118 146 147 169 176

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Tax Asset Detail 12/01/11 - 12/31/11

510 DOTHAN RESCUE MISSION, INC.

63-0772354 FYE: 12/31/2011 Mth: 12/31/2011

Tax Period			
Tax T Method Pe			
Tax Net Book Value		160	1.363.531
Tax End Depr		51,416	809.101
Tax Current Depreciation		58	11,910
Tax Prior Depreciation		51,358	797 191
Tax Bonus Amt		393	90 764
Sec 179 Exp Current = c		00	0
Tax Cost		51,576	2 177 632
Date In Service	ed)	Equipment	Crond Total
Property Description	Group: Transportation Equipment (continued)	Transportation Equipment	
d Asset t	Group: Tra		

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

179

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

ldentifying number

	DOTHAN	-0772354							
	ess or activity to which this form relates							_	
	ndirect Depreciati		erty Under Section	n 179			_		
•	Note: If you have a				omplete Part	ı			
1	Maximum amount (see instructions			7,500		··	1	500,000	
2	Total cost of section 179 property p	laced in service (see	instructions)				2		
3	Threshold cost of section 179 prope			ions)			3	2,000,000	
4	Reduction in limitation Subtract line						4		
5	Dollar limitation for tax year Subtract line	e 4 from line 1 If zero or	r less, enter -0- If married fil	ing separately, se	e instructions		5		
6	(a) Description	of property	(b) C	ost (business use on	(c)	Elected cost			
	· · · · · · · · · · · · · · · · · · ·								
7	Listed property Enter the amount fr				7				
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines 6 an	nd 7			8		
9	Tentative deduction Enter the sma						9		
10	Carryover of disallowed deduction f						10		
11	Business income limitation Enter th				see instructions)		11		
12	Section 179 expense deduction Ad			line 11			12		
13 Note	Carryover of disallowed deduction t				13				
	: Do not use Part II or Part III below t			4: (5)					
<u> </u>	оргона оргона					d propei	ty) (See instructions)	
14	Special depreciation allowance for d		ner than listed property) (placed in service	е		ا ا	62 002	
15	during the tax year (see instructions						14	63,023	
16	Property subject to section 168(f)(1	•					15	12 204	
_	Other depreciation (including ACRS Int III MACRS Depreciati		ide listed property)	(See instruc	tions \		16	13,394	
•••	MAOITO DEPIECIALI	on (Do not more	Section A		MONS.)				
17	MACRS deductions for assets place	ed in service in tax ve					17	34,073	
18	If you are electing to group any assets placed in				. •		 '/ -	31,073	
· <u>-</u>			rvice During 2011 Tax			ciation Sv	i /stem		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery	ecovery (e) Convention		od	(g) Depreciation deduction	
19a	3-year property		ony see menosionely			<u> </u>			
b	5-year property			-					
С	7-year property								
d	10-year property				-				
е	15-year property								
f	20-year property					<u> </u>			
g	25-year property			25 yrs		S/L		· · · · · · · · · · · · · · · · · · ·	
h	Residential rental			27 5 yrs	MM	S/L			
	property			27 5 yrs	MM	S/L			
i	Nonresidential real	01/10/11	2,53	39 yrs	ММ	S/L		62	
	property	Various		39.0	MM	S/L		12,757	
		sets Placed in Serv	rice During 2011 Tax Y	ear Using the A	Alternative Dep	reciation S	System		
20a	Class life					S/L			
b	12-year			12 yrs		S/I			
	40-year			40 yrs	MM	S/L			
	irt IV Summary (See inst								
21	Listed property Enter amount from						21	459	
22	Total. Add amounts from line 12, lin				Enter here				
	and on the appropriate lines of your			e instructions			22	123,768	
23	For assets shown above and placed	-	e current year, enter the					·	
	portion of the basis attributable to se	ection 263A costs			23		ŀ		

Form 4562 (2011)

	-
_	7

P	irt V	Listed Prope entertainmen				in oth	ner veh	icles, d	certain c	omput	ers, ar	nd pro	perty ι	used for	r		
3		Note: For any ve 24b, columns (a)	t, recreation, chicle for which ye	ou are using	the stand	ard mil	eage rat	e or ded	ucting leas	e exper	nse, con	plete o	nly 24a	,			
															 -		
24a	Do you hou		—Depreciation		mormatic	iii (Cat	Yes	No No						biles)		ТТы	
240	(a)	e evidence to support the	(c)			T-'		_ NO_	24b lf	T		dence v			Yes	<u> N</u>	
	(a) (b) (c) (d) pe of property t vehicles first) In service Data placed percentage (d)			Dona for depression			(f) Recovery period	(g) Method/ Convention			(h) Depreciation deduction		(I) Elected section 179 cost				
25	Special	depreciation allowa	nce for qualified	listed propei	ty placed	ın serv	ce durin	9									
		ear and used more				see ins	tructions	s)			25				ļ		
26		used more than 50	0% in a qualified	business us	<u>e</u>	,				Υ		т					
V	an (d	onated)	100 00		<i>c</i> = 0.0		_	- 00						450			
		09/15/06	100.00%		6,500	1	0	<u>,500</u>	5.0	200	DBM	4		459			
			0/														
27	Property	used 50% or less	in a qualified bus	IDORG HEO		<u> </u>			1	L							
	Toperty	daed 50 % of less	in a quaimeu bus	iness use		Ī		-		<u> </u>		1					
			%							S/L-							
												1					
			%							S/L-							
28	Add amo	ounts in column (h)	, lines 25 through	27 Enter h	ere and o	n line 2	1, page	1	•		28			459			
29	Add amo	ounts in column (i),	line 26 Enter he	re and on lir	ne 7, page	1								29			
				Sec	tion B—lı	nforma	ition on	Use of '	Vehicles								
		section for vehicles							•	•				hicles			
to yo	ur employ	ees, first answer th	ne questions in Se	ection C to s				-	1	ns secti					1		
					(a) Vehicl			b) ıcle 2	(c) Vehicle	3	(d Vehic			(e) Vehicle 5		(f) Vehicle 6	
30		siness/investment i		ng													
24	•	(do not include co	• ,							+		-					
31		mmuting miles drive	• .	ır			<u> </u>		1								
32	driven	ner personal (nonco	ommuting) miles		ł												
33		les driven during th	e vear Add lines						 						<u> </u>		
•	30 throu	•	e year 7.00 mies														
34		vehicle available fo	or personal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
		ff-duty hours?	•					1					100		,,,,,		
35	Was the	vehicle used prima	arıly by a more														
	than 5%	owner or related p	erson?														
<u>36</u>	Is anoth	er vehicle available	for personal use	?													
			Section C—Que							-		•					
		questions to detern			to comple	eting Se	ection B	for vehic	les used b	y emplo	yees wh	o are r	ot				
		owners or related p													1	1	
37		maintain a written p	olicy statement ti	nat prohibits	all persor	al use	of vehicl	es, ınclu	iding comn	nuting, t	ру				Yes	No	
38	•	ployees? maintain a written p	aliai statamant ti	aat asabubuta												 	
30		es? See the instru									IJſ						
39		reat all use of vehic		-	•	ilocis,	unectors	, UI 176 t	or more ov	VIIEIS							
40	•	provide more than f	, , ,	•		ınforma	ation fron	n vour ei	mplovees :	about th	ie.						
		e vehicles, and ret						,	,								
41	Do you r	neet the requireme	ents concerning q	ualified auto	mobile de	monstr	ation use	e? (See	instruction	s)							
		your answer to 37,														•	
₽ŧ	nt VI	Amortization	1														
				(b	1			(c)		(d)		(0)			(f)		
	Daa			Date amo	ortization Amortizable amount			l I		F		Amortiza	ization for this year				
		·		beg		1						percenta	age				
42	Amortiza	ation of costs that b	egins during you	7 2011 tax y	ear (see in	structio	ons)				-						
43	Amortiza	ation of costs that b	egan before ver	2011 town	201	1							1 42	···			
44		dd amounts in colu	•	•									43				