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Form **990**

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning Jul 01, 2012, and ending Jun 30, 2013

B Check if applicable
- [X] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization Douglas County Resource
Doing Business As Alliance Inc

Number and street (or P O box if mail is not delivered to street address) PO Box 399 — Room/Suite

City, town or post office, state and ZIP code AUSTELL GA 30168-

D Employer identification number 58-1112204

E Telephone number 770-739-4905

G Gross receipts $ 1465485.

F Name and address of principal officer Hazel Roberts
PO Box 1318 DOUGLASVILLE GA 30133-

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? If "No", attach a list (see instructions) [ ] Yes [ ] No

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) [ ] 501(c)( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ **L** Year of formation **M** State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
DCRA purpose is to provide individualized comunity based quality services to people with developmental disabilities in a way that will allow them to participate with their families

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	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	266681.	358675.
9	Program service revenue (Part VIII, line 2g)	1011510.	1106810.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1278191.	1465485.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	124000.	168336.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	835185.	849667.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses, (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	334331.	441373.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1293516.	1459376.
19	Revenue less expenses Subtract line 18 from line 12	-15325.	6109.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	247141.	249513.
21	Total liabilities (Part X, line 26)	55132.	51395.
22	Net assets or fund balances Subtract line 21 from line 20	192009.	198118.

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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

▶ Hazel Roberts — Signature of officer — Date 8/26/14

▶ Hazel Roberts Executive Director — Type or print name and title

Paid Preparer Use Only

Print /Type preparer's name Jackie L Rogers	Preparer's signature Jackie L Rogers	Date 8/26/14	Check [ ] if self-employed	PTIN P00640105
Firm's name ▶ Jackie L Rogers PC			Firm's EIN ▶ 58-2015208	
Firm's address ▶ PO Box 1007 CHATSWORTH GA 30705-			Phone no 706-508-8495	

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

BCA US990$$1

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