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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2013 calendar year, or tax year beginning <u>Jan. 1</u> , 2013, and ending <u>Dec. 31</u> , 20 <u>13</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Dalton's Greater Works, Inc.</u>
	Doing Business As _____
	Number and street (or P.O. box if mail is not delivered to street address) <u>P.O. Box 6</u> Room/suite _____
	City or town, state or province, country, and ZIP or foreign postal code <u>Dalton, GA 30722</u>
	<b>F</b> Name and address of principal officer _____
<b>D</b> Employer identification number <u>27-1708515</u>	
<b>E</b> Telephone number <u>706-270-2239</u>	
<b>G</b> Gross receipts \$ <u>118,483</u>	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>H(c)</b> Group exemption number ▶ _____	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <u>WWW.GREATERWORKSOFDALTON.ORG</u>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____	
<b>L</b> Year of formation: <u>2010</u> <b>M</b> State of legal domicile: <u>GA</u>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>Provide food, clothing, shelter (tents, rent + utility assistance), furniture, household goods, laundry, showers, haircuts, medical assistance (prescription help for maintenance meds), computer + phone access and support through a community atmosphere and bible studies and recovery classes.</u>		
	2 Check this box <input type="checkbox"/> 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)	<u>9</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>9</u>
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	<u>114</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <u>100,816</u> Current Year: <u>118,483</u>
	9	Program service revenue (Part VIII, line 2g)	<u>175</u> <u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>-</u> <u>-</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-</u> <u>-</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>100,991</u> <u>118,483</u>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>54,310</u> <u>67,912</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>-</u> <u>-</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>-</u> <u>-</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>-</u> <u>-</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>-</u> <u>-</u>
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>37,182</u> <u>48,517</u>	
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>91,492</u> <u>116,429</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>9,499</u> <u>2,054</u>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: <u>15,400</u> End of Year: <u>17,404</u>
	21	Total liabilities (Part X, line 26)	<u>250</u> <u>-</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>15,400</u> <u>17,404</u>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>Emily Coader</u>	Date <u>2-12-2014</u>
	Type or print name and title <u>Emily Coader</u>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____
	Firm's name ▶ _____	Firm's EIN ▶ _____			
	Firm's address ▶ _____	Phone no. _____			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

9-17

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

To help the homeless + indigent in and around Whitfield County, GA, regardless of religion, age, race, sexual orientation, gender, mental stability or criminal record.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 46,108 including grants of \$ 29,000 ) (Revenue \$ 0 )

Facility used for laundry, showers, food pantry, clothing closet, kitchen, hair cut salon, computer area, meetings, training, sitting area, eating area + 2 storage area - one for off-season clothing used in the clothing pantry, the other used for furniture we give. This is then given to those that have had fires or are establishing homes. Includes all maintenance, rent, utilities, vehicle fuel and maintenance. (Used to pick up + return clients).

People helped is in Schedule I.

4b (Code: ) (Expenses \$ 56,533 including grants of \$ 4,250 ) (Revenue \$ 0 )

Services to the clients. Detailed in Schedule I. Includes: Rent + Utility Assistance, food pantry supplies, groceries for meals, prescriptions and medical assistance, laundry supplies, hair cut supplies, bikes, tents fuel + auto repair assistance, client classes and training supplies, bus tickets, client furnishings, clothing pantry, school supplies, phone cards, legal fees (mostly help getting ID's), and funeral expenses, and Christmas Gifts as part of United Way's Sherry is Caring program.

4c (Code: ) (Expenses \$ 12,359 including grants of \$ 7,277 ) (Revenue \$ 0 )

In June, Dalton Whitfield County Housing Authority (DWCHA) asked us to partner with them to provide Emergency Shelter to people who met DWCHA's criteria. Our CEO Robert Hill takes care of getting them into temporary (a week at a time) housing + DWCHA reimburses the amount. It is an extension of our services, not a new service, but was a large enough amount to note separately.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 114,020

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	<input checked="" type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<input checked="" type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<input checked="" type="checkbox"/>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<input checked="" type="checkbox"/>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	<input checked="" type="checkbox"/>
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<input checked="" type="checkbox"/>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<input checked="" type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<input checked="" type="checkbox"/>
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<input checked="" type="checkbox"/>
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	<input checked="" type="checkbox"/>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<input checked="" type="checkbox"/>
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	<input checked="" type="checkbox"/>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<input checked="" type="checkbox"/>
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	<input checked="" type="checkbox"/>
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	<input checked="" type="checkbox"/>
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	<input checked="" type="checkbox"/>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<input checked="" type="checkbox"/>
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	<input checked="" type="checkbox"/>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	<input checked="" type="checkbox"/>
c	Enter the amount of reserves on hand	13c	<input checked="" type="checkbox"/>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<input checked="" type="checkbox"/>

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>9</b> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>9</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b> Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <i>N/A (All Volunteers)</i>		<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► *Emily Cooper 1873 Crow Valley Rd. NW Dalton, GA 30720-6909*  
*706-280-9787*

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robert Hill CEO	40			X				0	0	0
(2) Erwin Lankford Assistant CEO	5			X				0	0	0
(3) Lorraine RAINES (Deceased 2013) CFO	0			X				0	0	0
(4) Emily Cooper Secretary - became CFO in 2013	10			X				0	0	0
(5) Steve Champion BOARD	2			X				0	0	0
(6) Wanda Champion BOARD	2			X				0	0	0
(7) Paul Porter Board	4			X				0	0	0
(8) Evelyn Porter BOARD	2			X				0	0	0
(9) Angie Maya Board	30			X				0	0	0
(10) Darlene Hill Board	30			X				0	0	0
(11)										
(12)										
(13)										
(14)										



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

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

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		✓
<b>4</b>		✓
<b>5</b>		✓

**Section B. Independent Contractors**

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> -			
	<b>b</b>	Membership dues . . . . .	<b>1b</b> -			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> -			
	<b>d</b>	Related organizations . . . . .	<b>1d</b> -			
	<b>e</b>	Government grants (contributions)	<b>1e</b> 4,250			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 114,233			
	<b>g</b>	Noncash contributions included in lines 1a-1f. \$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	118,483			
<b>Program Service Revenue</b>			<b>Business Code</b>			
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue .				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	0			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	-			
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶	-			
	<b>5</b>	Royalties . . . . . ▶	-			
		(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .				
	<b>b</b>	Less: rental expenses . . . . .				
	<b>c</b>	Rental income or (loss) . . . . .				
	<b>d</b>	Net rental income or (loss) . . . . . ▶	-			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .				
	<b>c</b>	Gain or (loss) . . . . .				
	<b>d</b>	Net gain or (loss) . . . . . ▶	-			
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> -			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> -			
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶	-			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> -			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> -			
	<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶	-			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> -			
	<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b> -			
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶	-				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶	-				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶	118,483				

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	67,912	67,912		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	516	516		
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology	3134	3,134		
<b>15</b> Royalties				
<b>16</b> Occupancy	39,944	39,944		
<b>17</b> Travel	3,026	3,026		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	1,897	1,897		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	116,429	116,429		
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	15,350	<b>1</b>	17,404
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	<b>b</b> Less: accumulated depreciation <b>10b</b>		<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	15,350	<b>16</b>	17,404	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	15,350	<b>27</b>	17,404
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	15,350	<b>33</b>	17,404
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	0	<b>34</b>	0

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	118,483
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,429
3	Revenue less expenses. Subtract line 2 from line 1	3	2,054
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,350
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(130)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,474

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		<input checked="" type="checkbox"/>
2b		<input checked="" type="checkbox"/>
2c		<input checked="" type="checkbox"/>
3a		<input checked="" type="checkbox"/>
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Dalton's Greater Works, Inc.

Employer identification number

27-1708515

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .	-	112,524	104,449	100,816	118,483	436,272
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	-					
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	-					
4 <b>Total.</b> Add lines 1 through 3 . . . . .	-	112,524	104,449	100,816	118,483	436,272
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .		64,585	47,596	48,731	49,000	209,912
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						226,360

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	-	112,524	104,449	100,816	118,483	436,272
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	-	-	-	-	-	-
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	-	-	-	-	-	-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	-	-	926	172	-	1,101
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						437,373
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		



**Part IV** **Supplemental Information.** 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).

\$ 8,749 is 2013's <sup>2</sup> 70 minimum

5. There were 3 donors > 8,749. However, all are foundations.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Dalton's Greater Works, Inc.

Employer identification number

27-1708575

OMB No 1545-0047

2013

Open to Public  
Inspection

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

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

Cat. No 50055P

Schedule I (Form 990) (2013)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Meals	8937		11,672	FMV	Meals eaten at Greater Works or taken to go.
2 Rent Assistance	18		10,953	FMV	Paid to rental companies, not to clients.
3 Groceries (Food Pantry)	2800		5,501	FMV	Food + Personal Items
4 Utility Assistance	29		9,762	FMV	Paid to utility companies, not to clients
5 Christmas Gifts	325		4,601	FMV	Gifts to children not helped by United Way's "Sharing is Caring"
6 Prescriptions	118		3295	FMV	Maintenance meds - paid to pharmacies, not to clients
7 Bus Tickets	16		3,073	FMV	Tickets purchased to send clients home or to deal with emergencies

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**Part I:** Any person can eat a meal. Any person/family may get clothing on a monthly basis. Any person/family from a single address (1 per address) may visit the food pantry every 90 days. The amount of food a household receives depends on the total number of people in the family. Rent, utilities, prescriptions, fuel or other assistance is based on a single one-time request and is usually \$75, paid directly to the company/business the debt is owed. Amounts greater than \$75, or a person receiving multi-time assistance, is at the discretion of Robert Hill-CEO - because he personally deals with these individuals and families. All expenditures are reviewed by the CFO weekly and another board member has access to all records.

No individual received assistance at \$5,000 or greater. No government agency received any assistance.

No organization received any assistance.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Client Furnishings	20		\$1649	FMV	Mostly burned-out families and those first getting off street.
2 Clothing Pantry	3334		1143 <del>\$1000</del>	FMV	Shortages - socks, shoes, jeans, underwear
3 Other Services > \$1000	60		3844	FMV	See Part IV
4 Emergency Shelter	660		12,359	FMV	Part of the Emergency Shelter Grant
5					
6					
7					
<b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

Other Services > \$1000: Bikes, Auto Repair, Fuel, Medical + Glasses, Legal Fees, Funerals, Non-Bus Transportation, Worship Service materials, Phone Cards, Classes + Training and Laundry, all less than \$1000 in 2013

Emergency Shelter: We worked with Dalton Whitfield Community Housing Authority to put people in temporary housing until DWCHA could find better solutions. They were referred to us and we were reimbursed the expenses as part of the Emergency Shelter Grant. The grant equalled receipted expenses. In 2013 we provided receipts for \$7,277 and had not ~~received~~ all receipts to be reimbursed by the end of the year (blame bad weather and all all-volunteer staff).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Dalton's Greater Works, Inc.

Employer identification number

27-1708515

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

Part VII 8. Meeting minutes are kept in the office.

Part VII 11a/b. The members of the board (and any interested person) are invited to a board meeting to review + approve all tax documents before they are submitted. A copy is left in the desk in the office until the next year's revision is ready. It can be used to make copies to be read by or sent to any person who inquires.

Part VII 12/13/14 ☒ We have not needed to develop a conflict of interest, whistle-blower, or records retention policy because we have no paid staff, the CFO does not have access to spend any money (no access to accounts other than view rights for accounting purposes), and CFO, CEO and another board member discuss ALL transactions that do not follow normal protocol to ensure they are legitimate D&W charges. Any that are not, are reimbursed by the 2 people who have access to funds. We keep all records for 7 years ~~and~~ and have not reached that period yet.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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**2013**

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27-1708515

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

Part VII. Robert Hill (CEO/President) handles calls + direct assistance. Erwin Lankford (Assist CEO/Vice President) drives the bus to pickup + drop off on Sunday's + Tuesday's + provides other assistance throughout the week. Lorraine Raines (who was CFO) lost her fight with cancer during the 2013 year and will be greatly missed, she was one of the founders 18 years ago + a permanent fixture until 2010. Emily Cooper, who had been ~~managing~~ managing the finances since 2010 stepped into the (CFO) role after Mrs. Raine's death. Emily continues to handle the books and deal with legal + procedural matters. No person at Greater Works gets paid, Everyone is a volunteer. In 2013 we added the permanent members to the list because they are an integral part of the running and decision making process of this ministry. All of us work full-time jobs and still make

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

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OMB No. 1545-0047

**2013**

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Name of the organization

Dalton's Greater Works, Inc.

Employer identification number

27-1708575

time for this ministry because we believe in what it stands for - God's Unconditional love - and what it does - helps take care of those in the community that need a little help.

Part VIII 1c. We do not solicit funds at DBW and no one participated in a "Fundraiser by Proxy" in 2013.

Part X. While looking at the books for 2013, I noticed our amount was off by ~~1000~~ \$130. I went back to the 2012 finances and realized we'd had a check clear in Jan. 2012 that had a Dec. 2011 date. I had not moved the funds <sup>to the</sup> appropriate year. Our expenses in 2012 were actually \$130 more than reported, which made our Beginning of Year Numbers off in 2013. If I was an accountant, I would have caught this in 2012. Sorry.

Part XI. See explanation above for the \$130 difference. Sorry. I've got it straight now.



## **Annual Report for Dalton's Greater Works 2013**

What another amazing year 2013 was for Dalton's Greater Works. Because of the support from the community, we were able to expand our services for the third year in a row. That means more support to our indigent and homeless community, and it means more work for the volunteers. Again this year, God allowed us to help, and be helped, by individuals needing service hours. Plus, he sent us more wonderful people to volunteer! He always provides what we need, when we need it, and as word continued to spread in the surrounding communities about our food pantry, clothing closet and meal programs, He brought more people to help with the ministry, and the group was more diversified in age and background than ever before!

Since the beginning of Dalton's Greater Works 18 years ago, the goal has been not to duplicate services already provided by other ministries such as Providence and Salvation Army. Our goal has been to provide services that are different either in physical needs met or scope of people served. Dalton's Greater Works is open to any person in need, but our friends base in the past has been mostly single people and families without children, often a single adult taking care of elderly parents. Our goals are to provide messages of God's truth and salvation and providing for the physical needs while treating each person with the respect and dignity that God wants for each of us. We daily serve individuals who physically live on the street or in one of the numerous camps located around this area. Most of these individuals suffer from mental health issues or some sort of trauma due to abuse to them by others or to themselves in the form of addiction. There is help in the community and we help these people receive these services, but many of them eschew formal help. This year, the number of families with children increased, mostly minorities, we've also again seen an increase in families made up of adults taking care of elderly parents, and we started seeing multiple generations living together to minimize expenses.

### **Services:**

Last year we fed an average of 65 friends on Tuesday night and 50 on Sunday morning. This year the numbers are closer to 100 on Tuesday nights and 85 on Sunday. We still offer free laundry on Mondays, Tuesdays, Wednesdays and Thursdays and although we have added two days to our day center, we cannot meet the needs of the community. Our wonderful volunteer from the local barber shop continues to cut between 10 and 15 friends' hair every month. Our Food Pantry is one of the biggest draws. We averaged over 50 friends a week, almost double what we saw in 2012. It is our single largest pull on resources and God has provided us with a good group of donors who have kept us stocked in some of the items we cannot normally find at the Food Bank (peanut butter, meat and dinner mixes). Despite not always knowing how, when and where the food will come from, we still run the Food Pantry as Client's Choice.



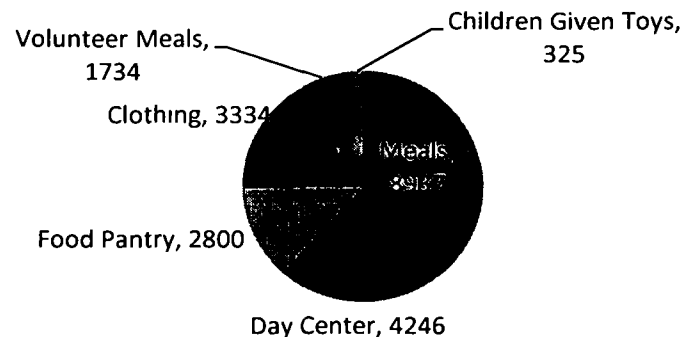
Client's Choice means that the friend who comes to get food is given an item allowance and is allowed to pick the groceries. Studies of food pantries that use this method versus the normal pre-boxed method showed that more items were retained by the clients and the needs were met for a longer period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

Our Clothing Closet has grown and expanded in 2013. The family that maintains management of the Closet are bilingual, and have been able to help us in more ways than just helping people to pick out clothes. They also expanded our ministry into helping Mercy Door and several other shelters. We have been blessed by a large group of high school students who have started helping in the Clothing Closet and have made the daunting task of keeping donations sorted and the Clothing Closet stocked, into a manageable task for all involved.

Dalton's Greater Works continues to provide for necessary maintenance prescriptions, glasses, bus tickets for emergencies and to get back home, fuel for heaters and the occasional automobile, rent for someone who would be on the street, utilities to keep heat and lights going and sadly, the occasional funeral. Dalton's Greater Works lost two friends again in 2013, one was the mother of a member of this area's indigent community and the other was our dear friend who has been an integral part of the ministry since its start 18 years ago, our CFO Lorraine Raines. There are no words to express the loss of our treasured board member, just that God gives us strength to continue.

We ended 2013 with our third annual Christmas Toy Campaign. We were able to give 325 children gifts, serving the 132 families who came on Saturday, Dec. 14<sup>th</sup>. We suspect these numbers would have been much greater if Toys For Tots was not happening next door at the same time, and we were blessed with the opportunity to meet and talk with that wonderful team at the end of the day. Those of us who helped with the toy giveaway were over whelmed by the need in the area and humbled by the number of volunteers who showed up and gave graciously of their time, energy and friendship to help families make good choices.

### Services Given in 2013



Food Pantry Gave out 21,332 items. Clothing is estimated over 13,000.

**Goals:**

Due to help from a couple local churches, volunteers and individual contributors, we continued to meet several of our 2010 5-year goals. We still provide a bible for any person who requests one. We also continue to help people acquire their ID's and provided help with some legal work. That is solely dependent on the time of a couple of the board members and we continue not to publicize this service because those individuals have enough time to help the 3-4 a month that request help, but could not handle the numbers that would ask for help if they knew it was a free service. However, with the new requirements of Georgia to provide proof of citizenship to receive ID's, the requests for help acquiring birth certificates increased greatly in 2013. At the beginning of the year, we worked with the City of Dalton to get some of the disabled that are permanently homeless into permanent housing, closing the area officially known as Tent City. In the third quarter, we started working with the Dalton Whitfield County Housing Authority (DWCHA) to provide emergency shelter to those who meet DWCHA's criteria. With the DEO Clinic opening its own facilities under its own 501c3, we removed our goal of providing full medical services from our list, but continue to keep dental services since there is still no organization providing for this need in the community.

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

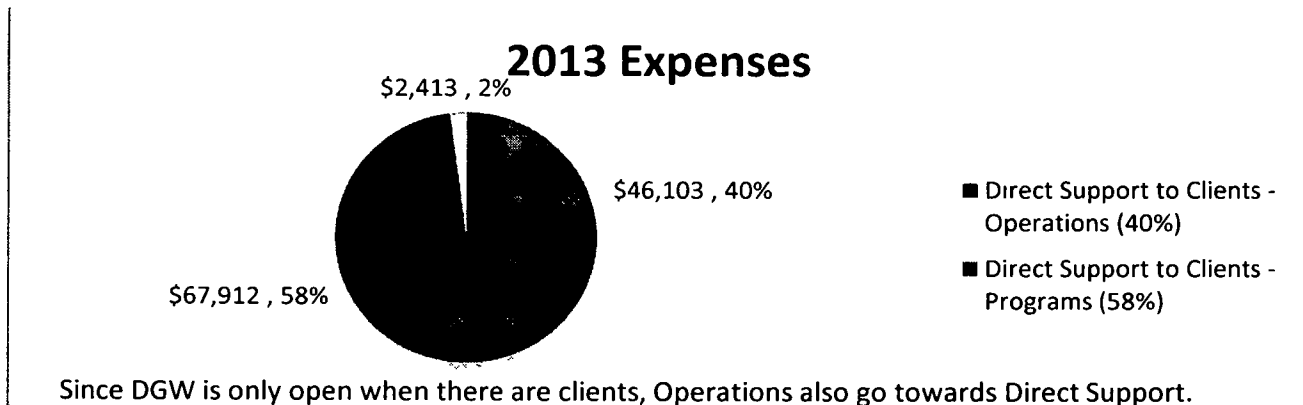
There are also some hopes and prayers that would make the "administrative" part of managing a homeless assistance program easier. We currently are given a great rent reduction, but we would like to have debt-free facilities and ownership of the entire premises. Dalton's Greater Works still cannot shelter men and women from the harsh elements of winter because the sprinkler system control panel is located in a part of the building that is leased by a night club. We were able to expand the areas of ownership to allow us places to store off-season clothing and furniture, although furniture normally goes back out as soon as it arrives. We now have a good group of volunteers to run the Day Center almost every day of the week, but having the volunteer staff available to help our friends apply for disability, learn how to use the computer, or train for job skills would be invaluable for getting many of these people out of the grip of hopelessness. God has proven Himself faithful month after month, and we know that our needs will always be met. This year we had more of a stable financial support base to help us to focus on using God's abundance to reach into the community in need, but we do not assume that any of these grants or donors are permanently going to provide funds, and are grateful for their continued support in 2013. We also would like to find a way to partner with grocers and other food pantries in the area to buy food at wholesale and provide for the needs of the area during this time when the major food banks in Atlanta and Chattanooga continue to experiencing shortages.

### **Volunteers:**

We have an amazing group of volunteers at Dalton's Greater Works. The entire organization is run through the time and talents of those that freely give both of themselves and of their resources. There is not a single paid person at Dalton's Great Works. Darlene Hill is currently heading up our volunteer coordination and we welcome anyone. We do like to know what our volunteers are good at, and enjoy, so that they can be guided towards the areas they would get the most from, there are lots of areas of opportunity. This year our volunteer base grew by leaps and bounds, from around 70 to over 120, including youth from one of the local high schools and several of the smaller churches in the area. As I watch the work being done every week, I am amazed at how blessed we are with the diversity of individuals that gather as a team every week to see to this ministry. I can say that every single person was needed this year, and the increase in volunteers helped distribute the workload more evenly and allowed all of us to give more attention to those in need.

### **Now to the boring part...the financials.**

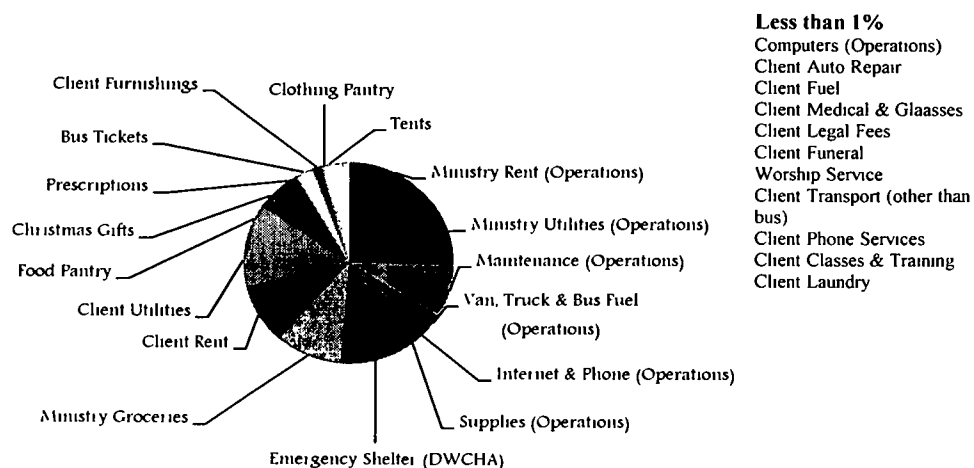
Here is the general breakdown of our expenses in 2013.



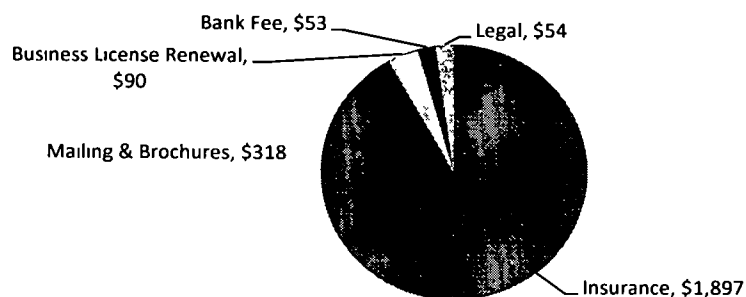
This year, we were again given a grant by a private foundation to pay for Operational Expenses. Because of that, we broke our Direct Services to our clients into Program and Operations in order to keep up with how monies were being applied. Operations for Dalton's Greater Works does not fall under the category of Overhead because everything in our facility is used directly for Client Support.

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

## Direct Services to Clients (98%)



## Legal & Other Fees (2%)



This is a complete accounting of monies spent in 2013. At the end of the year, there was enough money to replace the heating system in the area of the building where the showers, laundry, food pantry and clothing closet are housed. We unexpectedly lost the HVAC unit the week of Christmas and were able to acquire a new one that came with a warranty, which will be installed in January. The security system purchased in 2012 was installed in early 2013 and was used to handle some issues with vandalism during the summer and helped to increase security on the premises.

We trust God to provide all our needs, and more; and hope that you feel we are being proper stewards of the talents and gifts we receive from you. Thank you for your support in 2013. Please continue to pray that we continue to follow God's heart in 2014.

Sincerely,

Emily Cooper, Chief Financial Volunteer

# Dalton's Greater Works, Inc.

## Statements of Activities For Year Ending December 31, 2013

	<u>2013</u>
Revenues and Gains:	
Contributions	\$118,483
Total unrestricted revenues and gains	<u>\$118,483</u>
Expenses and losses:	
Direct Support - Programs	\$ 67,912
Direct Support – Operations	\$ 46,108
Legal Fees & Taxes	\$ 2,413
Total expenses and losses	<u>\$116,429</u>
Net assets, beginning	<u>\$ 9,499</u>
Net assets, ending	<u>\$ 17,404</u>

# Dalton's Greater Works, Inc.

Statements of Financial Position  
December 31, 2013

<u>ASSETS</u>	<u>2013</u>
Current Assets:	
Cash	\$17,404
Grants Receivable	\$ 0
Accounts Receivable	<u>\$ 0</u>
Total Current Assets	<u>\$17,404</u>
Property and Equipment, net	<u>\$ 0</u>
<b>Total Assets</b>	<b><u>\$17,404</u></b>
 <u>LIABILITIES</u>	
Current Liabilities:	
Accounts Payable	\$ 0
Accrued payroll and related expenses	<u>\$ 0</u>
<b>Total Current Liabilities</b>	<b><u>\$ 0</u></b>
 <u>NET BALANCE</u>	
Unrestricted	<b><u>\$17,404</u></b>

# Dalton's Greater Works, Inc.

## Statements of Functional Expenses For Year Ending December 31, 2013

2013			
Income	Direct Purchase	Donor Receipts	Total
Donations (General)	\$69,643		\$69,643
Grants for Operating Expenses	\$29,000		\$29,000
Emergency Shelter Grant	\$7,277		\$7,277
Donations (Directed towards Services)	\$1,131	\$4,867	\$5,998
Direct for Food Pantry	\$4,250		\$4,250
Donations (Directed towards Other)		\$1,809	\$1,809
Offerings	\$506		\$506
<b>Total Income:</b>			<b><u>\$118,483</u></b>
<b>Expenses</b>			
<b>Direct Support to Clients</b>			<b>\$114,016</b>
Ministry Rent (Operations)	\$16,600		\$16,600
Ministry Utilities (Operations)	\$12,050		\$12,050
Maintenance (Operations)	\$9,479	\$259	\$9,738
Van, Truck & Bus Fuel (Operations)	\$3,026		\$3,026
Internet & Phone (Operations)	\$1,920	\$982	\$2,902
Supplies (Operations)	\$1,320	\$236	\$1,556
Computers (Operations)	\$140	\$92	\$232
Emergency Shelter (DWCHA)	\$12,359		\$12,359
Ministry Groceries	\$8,914	\$2,758	\$11,672
Client Rent	\$10,953		\$10,953
Client Utilities	\$9,762		\$9,762
Food Pantry	\$5,170	\$331	\$5,501
Christmas Gifts	\$3,794	\$867	\$4,661
Prescriptions	\$3,219	\$76	\$3,295
Bus Tickets	\$3,073		\$3,073
Client Furnishings	\$1,519	\$130	\$1,649
Clothing Pantry	\$637	\$506	\$1,143
Tents	\$737		\$737
Client Bikes	\$651		\$651
Client Auto Repair	\$598	\$4	\$602
Client Fuel	\$481	\$40	\$521
Client Medical & Glasses	\$291		\$291
Client Legal Fees	\$227	\$56	\$282
Client Funeral	\$275		\$275
Worship Services	\$150		\$150
Client Transportation (other than Bus)	\$146		\$146
Client Phone Services	\$56	\$80	\$136
Client Classes & Training	\$38		\$38

Client Laundry	\$15		\$15	
<b>Legal Fees &amp; Other Fees</b>				<b>\$2,413</b>
Insurance	\$1,897		\$1,897	
Mailing & Brochures	\$174	\$144	\$318	
Business License Renewal		\$90	\$90	
Bank Fee	\$53		\$53	
Legal	\$29	\$25	\$54	
<b>Total Expenses</b>				<b><u>\$116,429</u></b>
<b>Balance into 2014</b>				<b>\$2,054</b>
<b>Balance forward from 2012</b>				<b><u>\$15,350</u></b>
<b>Bank Closing Statement Dec. 31, 2013</b>				<b><u>\$17,404</u></b>



# Dalton's Greater Works, Inc.

## 2014 Budget

Income	Total	
Donations	\$73,700.00	
Goods in Kind	\$58,000.00	
Offerings	\$600.00	
Grants	\$3,000.00	
<b>Total Income:</b>	<b>\$135,300.00</b>	
<b>Expenses</b>		
<b>Direct Support to Clients</b>		<b>\$131,700.00</b>
Ministry Rent	\$45,000.00	
Ministry Groceries	\$15,000.00	
Ministry Utilities	\$10,000.00	
Food Pantry	\$10,000.00	
Construction & Maintenance	\$5,000.00	
Bus Tickets	\$5,000.00	
Prescriptions	\$4,000.00	
Client Utilities	\$8,000.00	
Van & Bus Fuel	\$4,000.00	
Client Rent	\$10,000.00	
Clothing Pantry	\$2,000.00	
Christmas Gifts (for families)	\$3,000.00	
Computers	\$1,000.00	
Supplies	\$1,000.00	
Internet & Phone Services	\$1,000.00	
Tents	\$1,500.00	
Van Maintenance	\$500.00	
School Supplies	\$1,000.00	
Client Fuel	\$1,000.00	
Client Auto Repair	\$1,000.00	
Glasses	\$500.00	
Client Bikes	\$500.00	
Recovery Classes	\$500.00	
Client Training	\$200.00	
Client Phone Services	\$500.00	
Client Legal Fees	\$500.00	
<b>Legal Fees &amp; Other Fees</b>		<b>\$3,600.00</b>
Insurance	\$1,800.00	
Mailing & Brochures	\$800.00	
Advertisement	\$500.00	
Business License Renewal	\$100.00	
Fundraising	\$200.00	
501c3 Registration	\$100.00	
Bank Fee	\$100.00	
<b>Total Expenses</b>		<b>\$135,300.00</b>