

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



### Form **990-EZ**

Department of the Treasury

Internal Revenue Service

SCANNED JUN 0 5 2014

HTA

#### **Short Form Return of Organization Exempt From Income Tax**

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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

**Open to Public** Inspection

Α	For th	ne 2013 calen	dar year, or tax year beginning , and ending	_		
<u>B</u>	Check	ıf applicable	C Name of organization	D Emp	oloyer ide	entification number
X	Addres	s change	DUBS ETC INC			
$\Box$	Name o	change	Number and street (or P O box, if mail is not delivered to street address)  Room/suite		54	-1974669
X	Initial re	eturn	P O. Box 56	E Tele	phone nu	ımber
	Termin	ated	City or town State ZIP code	<b>)</b>		
	Amend	ed return	TIMMONSVILLE SC 29161	<u></u>	(843	3) 617-1970
	Applica	ition pending	Foreign country name Foreign province/state/county Foreign postal code	F Gro	up Exer	nption
				Nur	nber 돈	
G	Accou	nting Method	X Cash Accrual Other (specify) ►			if the organization is
			www dubsetcinc webs com			attach Sched:   B
			eck only one) — X 501(c)(3)			)-EZ, or 990-PF)
		of organizati	<del></del>			<del></del>
L			nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	re, or if t	total as	
			below) are \$500,000 or more, file Form 990 instead of Form 990-EZ .	·	▶\$	62,172
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ir		ons for	
		Check if	the organization used Schedule O to respond to any question in this Part	l		<u>X</u>
	1	Contribution	ns, gifts, grants, and similar amounts received		1	
	2	-	ervice revenue including government fees and contracts .	Ì	2	1,662
	3		p dues and assessments		3	
	4	Investment	1 1		4	
	5a		unt from sale of assets other than inventory 5a	374		
	þ		or other basis and sales expenses5b	374		_
	С	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a).	.	_5c	0
	6	_	d fundraising events			
<u>a</u>	а		me from gaming (attach Schedule G if greater than			
Revenue	h	\$15,000)	me from fundraising events (not including \$ of contributions			
eĸ	Б		· · · · · · · · · · · · · · · · · · ·	l		
œ			asing events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000)	58,856	- 1	
	С			51,637	1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	31,037		
	<u> </u>	line 6c) .	or (1055) from garming and fundraising events (and fines on and ob and subtract	ł	6d	7,219
	7a	•	s of inventory, less returns and allowances	963		7,210
	b		of goods sold	291		
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	672
	8				8	317
	9	Total reve	nue (describe in Schedule 0).  nue. Add lines 1, 2, 3, 4, 5c, 6d, //c, and 8.	. ▶	9	9,870
	10	Grants and	similar achunte naid (list in Schadule (i))		10	80
	11	Benefits pa	and to or for members 1 3.2014		11	
es	12	Salaries, o	ther compensation, and employee benefits		12	
SU	13	Profession	al fees and other payments to independent contractors		13	
Expenses	14		r, rent, utilities, and maintenance	]	14	269
ω			ublications, postage, and shipping	ļ	15	
	16		nses (describe in Schedule O)		16	<u>11,394</u>
	17		nses. Add lines 10 through 16	<b>&gt;</b>	17	11,822
इ	18		(deficit) for the year (Subtract line 17 from line 9)	ļ	18	-1,952
386	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	1		
Ä	22		r figure reported on prior year's return)	.	19	18,204
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20	-957 45 305
	21		or fund balances at end of year Combine lines 18 through 20	. 🏲	21	15,295 Form <b>990-EZ</b> (2013)
1.0	raper	TOUR INCUUC	ion Act Notice, see the separate instructions.			rom 330-L2, (2013)

	990-EZ (2013) DUBS ETC INC			54-19	74669	Page <b>2</b>
<u>Part</u>	Balance Sheets. (see the instructions for		a Abra Dani II			_
	Check-if the organization used Schedule O to	espond to any question i	n this Part II	· · ·	<del>- · · ·</del>	<u>X</u>
22	Cook		į	(A) Beginning of yea		(B) End of year
22 23	Cash, savings, and investments  Land and buildings		•	5	23	
24	Other assets (describe in Schedule O)	• • •	-	57.70	23	55,389
25	Total assets		• • •		8 25	55,389
26	Total liabilities (describe in Schedule O) .				4 26	40,094
27	Net assets or fund balances (line 27 of column	(B) must agree with line 2	21).	18,20	_	15,295
Pa	rt III Statement of Program Service Accomplis					Expenses
	Check if the organization used Schedule O	to respond to any question	on in this Part III	. [		quired for section
Wha	t is the organization's primary exempt purpose?	To provide computers and	training to the d	lisabled and disad	501 V ora:	(c)(3) and 501(c)(4) anizations and section
	cribe the organization's program service accomplish				494	7(a)(1) trusts, optional
as m	easured by expenses. In a clear and concise manr	er, describe the services	provided, the nu	ımber of	for	others)
<u>pers</u>	ons benefited, and other relevant information for ea	ch program title				
<b>28</b> .	We have serviced a total of 59+ recipients this yea	r. We hope to do better a	<u>s</u>	· • • • • • • • • • • • • • • • • • • •	-	
-	we recover from a financial struggle				-	
-	(O	tingled for the same		·····	i	
-	(Grants \$ ) If this amoun	includes foreign grants,	check here	·	<u>  28a</u>	871
<b>29</b> .					-	
-					-	
-	(Grants \$ ) If this amoun	t includes foreign grants	check here		]   ] 29a	
30	(Crants w ) in this amount				298	<del>1</del>
<b>30</b> .					-	
-					-	
•	(Grants \$ ) If this amoun	t includes foreign grants,	check here .	▶ 🗍	]   30a	a
31	Other program services (describe in Schedule O)			· · ·		
	(Grants \$ ) If this amoun	t includes foreign grants,	check here .	▶ □	]   <u>3</u> 1a	a   _
32_	Total program service expenses. (add lines 28a	through 31a)			32	871
Pai	rt IV List of Officers, Directors, Trustees, and				e ınstru	ctions for Part IV)
	Check if the organization used Schedule O	to respond to any questio	n in this Part IV			
		(b) Average	(c) Reportable	(4) 1.00.0.00		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-M			(e) Estimated amount of other compensation
		devoted to position	(if not paid, enter			,
Dorg	othy A. Keith					
Pres	ident	Hr/WK 120 00	)			
Dorg	thy M Kennedy					
<u>Trea</u>		Hr/WK 24.00				
	e M. Wilkins					
<u>Direc</u>		Hr/WK 24 00	·			
	rge Keith					
Vice	-President	Hr/WK 54 00	<u> </u>			
				1		
		Hr/WK	<del> </del>			
		11-04//				l
	<del></del>	Hr/WK	<del>                                     </del>			<del> </del>

Hr/WK

Hr/WK

Hr/WK

Hr/WK

Hr/WK

Hr/WK

		1-19746	69	Page 3
Par				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	his Pa	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			١
24	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		×
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		-^-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	L	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	Х	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<b>_</b>		
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		ļ	<del></del>
<b>.</b>	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b Section 501(c)(7) organizations Enter:	4		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1 :		,
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶; section 4912 ▶ ; section 4955 ▶	-	(10)	0
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		1,,,	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	.:		
	organization managers or disqualified persons during the year under sections 4912,		,	
	4955, and 4958		-	,
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
_	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
C	transaction? If "Yes," complete Form 8886-T	40e	ļ	X
41	List the states with which a copy of this return is filed   SC	700	<u> </u>	
42 a		(843) 6	17_10	70
			/1/-19.	
L.				
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority ove a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country:	42b	<u> </u>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	l	Х
	If "Yes," enter the name of the foreign country: ▶			•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .			•
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ .	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ .	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	
45 -	explanation in Schedule O	44d	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	ļ	Х
			90-EZ	

Form 9	90-EZ (2013) DOBS ETC INC				<u>54-1974</u> 6	69	Page 4
46	Did the organization engage, directly or indirect	etly in political campaign	ectivities on bohalf of	or in conscition		Yes	No
70	to candidates for public office? If "Yes," complete			or in objection	46		X
Part		nly nust answer questions 4	·	·		3	
	Check if the organization used Sche	dule O to respond to an	y question in this P	art vi	· ·	· .	
47	Did the organization engage in lobbying activit year? If "Yes," complete Schedule C, Part II	ies or have a section 501(	h) election in effect of	luring the tax	47	Yes	No X
48	Is the organization a school as described in se			dule E	. 48	Х	
49 a	Did the organization make any transfers to an		ated organization?.		49a		Х
50	If "Yes," was the related organization a section			· · · · · · · · · · · · · · · · · · ·	49b		X
30	Complete this table for the organization's five hemployees) who each received more than \$10					ey	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estima		
Name Title	None	Hr/WK 00					
Name Title		Hr/WK 00					
Name Title		Hr/WK 00					
Name Title		Hr/WK 00					
Name Title		Hr/WK .00					
f 51	Total number of other employees paid over \$1 Complete this table for the organization's five h \$100,000 of compensation from the organizat	nighest compensated inde		who each received m	nore than		
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice (	c) Compensa	tion	
Name City	None Str	ZIP					
Name							
City	ST	ZIP					
Name							
City Name		ZIP		-			
City		ZIP					
Name City		ZIP					-
	Total number of other independent contractors Did the organization complete Schedule A? No nonexempt charitable trusts must attach a com-	each receiving over \$100 etc. All section 501(c)(3) o	•	17(a)(1)	▶ X Ye	s	No
Under p	penalties of perjury, I declare that I have examined this return, prect, and complete Declaration of preparer (other than office	including accompanying schedule  including accompanying schedule  including accompanying schedule  including accompanying schedule  including accompanying schedule	s and statements, and to the	ne best of mv knowledge an	d belief, it is		
	North KIT	(2)			3/29/2014		
Sign				Date			
Here	Dorothy A Keith  Type or print name and title			President			
Paid	Print/Type prepareds name	Preparer's signature	Date	Check	, PTIN		
	parer	SELF-PREPARED	RETURN	self-employed	<u>,"  </u>		
•	Only Firm's name		·	Firm's EIN ▶			
	Firm's address			Phone no	. 🗀 .:		
ividy li	he IRS discuss this return with the preparer sho	wn above? See instructio	ns		▶ ∐ Ye	s	No

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

Department of the Treasury

Name of the organization

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.

OMB No 1545-0047

2013

Open to Public

wiform990. Inspection

Employer identification number

<u>DUB</u>	S ET	C INC								54-19	74669		
Pai	t I	Reason	for Public Cha	arity Status (All org	anızatıor	ns must c	omplete	this par	t.) See in	struction	IS		
The o	o <u>rga</u> r			ation because it is: (Fo									
1		A church, co	nvention of chur	ches, or association of	of churche	es describ	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2	$\square$	A school des	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (At	tach Sch	edule E)							
3		A hospital or	a cooperative h	ospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4	$\Box$	A medical re	search organiza	tion operated in conju	inction wi	th a hospit	tal descri	bed in <b>se</b>	ction 170	(b)(1)(A)	(iii). En	ter the	
		hospital's na	me, city, and sta	nte		<b></b>							
5		_	•	the benefit of a collection	ge or univ	ersity own	ed or ope	erated by	a govern	mental ur	nit desc	ribed	
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	lescribed i	n <b>sectior</b>	170(b)(	1)(A)(v).				
7		_		y receives a substanti (1)(A)(vi). (Complete I	•	its suppor	t from a g	governme	ental unit d	or from the	e genei	ral pub	lic
8		A community	y trust described	in section 170(b)(1)(	( <b>A)(vi).</b> (C	omplete F	Part II)						
9	一			y receives: (1) more th				om contri	butions, n	nembersh	ıp fees	, and c	ross
		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 organizat	tion organized a	nd operated exclusive	ly to test	for public	safety Se	ee <b>sectio</b>	n 509(a)(	4).			
11	同	An organizat	tion organized a	nd operated exclusive	ly for the	benefit of,	to perfor	m the fur	nctions of,	or to car	ry out ti	he	
		purposes of	one or more put	olicly supported organ	izations d	lescribed i	n section	509(a)(1	) or section	on 509(a)	(2). Se	e <b>sect</b> i	on
		<b>509(a)(3).</b> Cl	heck the box tha	it describes the type o	of support	ing organi	zation an	d comple	te lines 1	1e throug	h 11h		
		a 💹 Type	el <b>b</b> 🔛 Ty	/pell c 🔙 Type	III-Func	tionally int	tegrated	d 💹 T	ype III-N	on-functio	nally ir	ntegrate	ed
е				y that the organization									
		•		on managers and othe	er than on	e or more	publicly s	supported	d organiza	itions des	cribed	ın sect	ion
		509(a)(1) or	section 509(a)(2	2).									
f		_		a written determination	n from the	RS that	ıt ıs a Typ	oe I, Type	ll, or ⊤yp	e III supp	orting		_
		_	, check this box		_4			· •	- £ 41				Ш
g		_		the organization acce	pted any	giπ or con	tribution	rom any	or the				
		following per (i) A pers		or indirectly controls,	either alo	ne or toge	ther with	nersons	described	l in (ii)		Yes	No
			-	erning body of the su		-		persons			11g(i)	100	
				person described in (i							11g(ii)		
			•	y of a person describe	•		? .			•	11g(iii)		
h		Provide the	following informa	ation about the suppor	rted organ	nization(s)							
(i)	Name	e of supported	(II) EIN	(iii) Type of organization	1	organization	(v) Did y	ou notify	(vi)	ls the	(vii) An	nount of m	onetary
	org	anization		(described on lines 1–9 above or IRC section	, ,	sted in your   document?		nization in of your		tion in col ized in the		support	
				(see instructions))				port?		S?	1		
					Yes	No	Yes	No	Yes	No	ļ <u>.</u>		
(A)									1				
							-		<del> </del>	<u> </u>	<del> </del>		
(B)													
(C)			1						+		<del> </del>		
(υ)					Į								
(D)									T -		1		
									ļ		ļ		
(E)													
			,,,,,		-				<del>                                     </del>	V-1-14 - 23		<del></del>	
			in the state of		1						4		_

	(Complete only if you checked the Part III If the organization fails to or				-		under
Sect	ion A. Public Support	quality under t	ile tests listet	a below, pleas	se complete r	art in )	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	(4) 2333	(2) 2010	(5) = 5 · · ·	(=/ == :=	<u></u>	
•	membership fees received. (Do not						
	include any "unusual grants") .						0
2	Tax revenues levied for the organization's					İ	
_	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6	Public support. Subtract line 5 from line 4						0
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	o	0	o	o	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources					_	0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or	rganızatıon's fii	rst, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c	)(3)
	organization, check this box and stop here	•			<u> </u>	<u> </u>	▶
Sect	ion C. Computation of Public Support	Percentage					<u>-</u>
14	Public support percentage for 2013 (line 6, o	` '		column (f))		14	0.00%
15	Public support percentage from 2012 Sched					15	0 00%
16a	33 1/3% support test—2013. If the organization				ne 14 is 33 1/3	3% or more, che	eck this box
	and stop here. The organization qualifies as						▶∐
b	33 1/3% support test—2012. If the organization				and line 15 is 3	33 1/3% or mor	
	box and stop here. The organization qualific	es as a publicly	y supported or	ganization .			▶□
17a	10%-facts-and-circumstances test—2013						
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fact	ts-and-circums	tances" test T	he organizatıor	n qualifies as a	publicly suppo	rted
	organization			,	•		. ▶ 🔼
b	10%-facts-and-circumstances test—2012	_					
	15 is 10% or more, and if the organization m					<del>-</del>	Explain in
	Part IV how the organization meets the "fact	ts-and-circums	tances" test T	he organizatior	n qualifies as a	publicly	<del></del> -
	supported organization			•			▶Ĺ_
18	Private foundation. If the organization did it	not check a bo	x on line 13, 16	Sa, 16b, 17a, o	r 17b, check th	is box and see	
	instructions						▶

#### 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.)

Sec	tion A. Public Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	l ol	0	l o	o	ol	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c 11	Add lines 10a and 10b  Net income from unrelated business	0	0	0	0	0	0
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or						0
	loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	o	0			0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secor	nd, third, fourth,	or fifth tax year a	is a section 501(	c)(3)	▶ 🔲
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column	•	e 13, column (f))	)		15	0.00%
16	Public support percentage from 2012 Schedule A,					16	0.00%
	tion D. Computation of Investment Inco						
17 18	Investment income percentage for 2013 (line 10c, Investment income percentage from 2012 Schedu	le A, Part III, line	17	.,,		17	0 00% 0.00%
19a b	33 1/3% support tests—2013. If the organization not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2012. If the organization	ere. The organization of the desired the d	ation qualifies as oox on line 14 or	s a publicly suppo line 19a, and line	orted organizatio e 16 is more thar	n n 33 1/3%, and	<b>▶</b> □
20	line 18 is not more than 33 1/3%, check this box a <b>Private foundation.</b> If the organization did not che			•	• • •	_	▶□

Schedule A (Form 9	990 or 990-EZ) 2013	DUBS ETC I	NC		54-1974669	Page <b>4</b>
Part IV	Supplemental	Information.	Provide the explanation	ns required by Part II,	line 10, Part II, line 17a or	17b;
· · · · · · · · · · · · · · · · · · ·	and Part III, line	e 12 Also con	plete this part for any a	dditional information	(See instructions)	
		· · · · · · · · · · · · · · · · · · ·				
					• • • • • • • • • • • • • • • • • • • •	
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#### SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Schools**

Open to Public

OMB No 1545-0047

Inspection

Name of the organization
DUBS ETC INC

Employer identification number

54-1974669

Par	t I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please		(s.	k. Ki
	describe. If "No," please explain If you need more space, use Part II	3	X	
	Broadcast_through social media, Websites brouchures and lititure	,		
			,	,
				•
				·
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	L
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	ļ
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
				•
				l i
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		X
L.	A decrease and see O	<b>5</b> L		_
b	Admissions policies?	<u>5b</u>	<u> </u>	<u>_ X _</u>
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X_
e	Educational policies?	<u>5</u> e		X
f	Use of facilities?	5f		<u>x</u> _
9	Athletic programs?	5g		×
h	Other extracurricular activities?	5h		x
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.			
		Ì	1	
			C*	
				<u></u>
6a	Does the organization receive any financial aid or assistance from a governmental agency? .	6a	<u> </u>	X
þ	Has the organization's right to such aid ever been revoked or suspended?	6b	<b></b>	X
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through			[ ]
	4.05 of Rev Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

Schedule E (F	Form 990 or 990-EZ) (2013)	DUBS ETC INC				54-1974669	Page 2
Part II	Supplemental Information applicable Also com	<b>mation.</b> Provide the plete this part to p	ne explanation rovide any oth	is required by Pa er additional info	art I, lines 3, 4d, s ormation (see ins	5h, 6b, and 7, as structions).	_
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#### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	► Information at		tach to Form orm 990 or 990		990-EZ. Instructions is at ww	w.irs.gov/form990.	Open to Public Inspection	
Name of the organization						Employer identific		
DUBS ETC INC						54-	1974669	
Fundrais	sing Activities.	Complete if th	e organiza	ation answ	ered "Yes" to F	orm 990, Part IV,	line 17.	
	0-EZ filers are r							
1 Indicate wheth	er the organization	n raised funds t	hrough any	of the follo	wing activities. C	heck all that apply.		
a 🔲 Mail solicita	ations		e	Solicitati	on of non-govern	ment grants		
<b>b</b> Internet and								
c ☐ Phone solicitations g ☑ Special fundraising events								
d 🗌 In-person s	olicitations							
						ficers, directors, trus		
		•	•		-	fundraising services		
				draisers) pı	ursuant to agreen	nents under which th	ne fundraiser is to be	
compensated	at least \$5,000 by	the organizatio	n.					
		· · · · · · · · · · · · · · · · · · ·					<del>,</del>	
(i) Name and addres	ss of individual	(3.4-1.4)		draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fun	draiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in col. (i)	organization	
			Yes	No		301. (V)		
1 Frank Winston				1	1			
P.O. Box 307, Ruth	er Glen, VA 22546	Truck Driving			58,856	(	58,856	
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••							0	

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**SOUTH CAROLINA** 

**VIRGINIA** 

58,856

Pa	art II	<ul> <li>Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that</li> </ul>	18, or reported more and 6b. List events with			
		3	(a) Event #1  Trucking (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	58,856			58,856
Œ	2 3	Less: Contributions Gross income (line 1 minus line 2)				0
	4	Cash prizes				0
	5	Noncash prizes				0
suses	6	Rent/facility costs				0
Direct Expenses	7	Food and beverages				0
Direc	8	Entertainment				0
	9	Other direct expenses .	51,637			51,637
Pa	10 11 rt	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c e organization answei	olumn (d)		51,637 7,219 reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
_	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	0
	6	Volunteer labor	□ No	☐ No	No No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		0
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		0
g	a Is	nter the state(s) in which the or the organization licensed to o "No," explain:			s?	🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain:	aming licenses revoked	l, suspended or termina	ated during the tax year	? . ☐ Yes ☐ No

Schedu	e G (Form 990 or 990-EZ) 2013					Page 3
11 12		beneficiary or trustee	h nonmembers?	entity	☐ Yes [	
13	Indicate the percentage of gam	ning activity operated	In:		00 2	
a			F	13a		<u>%</u>
ь 14			_ا	13b		%
17	records:	the person who prep	pares the organization's gaming/special events books	anu		
	Name ►					
	Address►					
15a	Does the organization have a revenue?		nird party from whom the organization receives gar	٠.	] Yes [	] No
	If "Yes," enter the amount of gamount of gaming revenue retails "Yes," enter name and addre	ained by the third par	ty ▶ \$	e		
	Name ►					
	Address►					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation	n ► \$				
	Description of services provide	d▶	1			
	☐ Director/officer	☐Employee	☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required ur retain the state gaming license		ake charitable distributions from the gaming proceed	_	ີ່Yes ົ	¬ No
<b>b</b>	spent in the organization's own	n exempt activities du		ns or		
Part		, 15b, 15c, 16, and	explanations required by Part I, line 2b, columns I 17b, as applicable. Also complete this part to p			Ŀ

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

►Attach to Form 990 or Form 990-EZ. ►See separate instructions.
on about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov

	Revenue Service	Piliforniauon abo	ut Schedule E (FO	1111 990 0	1 990-LZ)	and its institu	CHOIIS	15 at www.iis					napec	поп	
Name of	tne organization								Emplo	yer ide	entifica	ition ni	umber		
DUBS	ETC INC								<u>54-19</u>	7466	9				
Part		fit Transaction e organization a									·EZ, F	Part V	, line	40b	
			(b) Relationship between disqualified person and							(d) Corrected?					
1	(a) Name of disqualified person		organization			(c) Description of transaction						Yes	No		
(1)						-									
(2)						~									
(3)															
(4)															
(5)															
(6)															
2	Enter the amount of	f tax incurred by	the organizat	ion mai	nagers	or disqualif	ied pe	ersons duri	ing the	year	•				
	under section 4958											▶ \$	<b>3</b>		
3	Enter the amount of	f tax, if any, on	line 2, above, i	reımbur	sed by	the organiz	ation					▶ \$	;		
Part	Loans to and	or From Intere													
		e organization a						38a or For	m 990	, Par	t IV, li	ne 26	; or if	the	
	organization re	eported an amo	unt on Form 9	90, Par	t X, line	5, 6, or 22									
(a) Na	ame of interested person	(b) Relationship	ip (c) Purpose (d) Loan to or (e) Origin		nal (f) Balance due		e due	(g) In default? (h) Approve			proved	d (i) Written			
		with organization		of loan from the organization?		principal amount				İ			oard or	agree	ment?
											<del>,</del>	comr	nittee?	700,	
				То	From					Yes	No	Yes	No	Yes	No
(1)												<u> </u>		<u> </u>	i
(2)								ļ				ļ	ļ	<u> </u>	<u> </u>
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Total		· · · · · ·		·		•	▶ \$		0	l		l		<u> </u>	
Part		s <mark>istance Benet</mark> e organization a				, Part IV, lir	ne 27								
(a)	Name of interested person	n (b) Relation person a	ship between intere and the organization	ested (d	:) Amount	of assistance		(d) Type of as	ssistance	e	(6	e) Purp	ose of a	assistan	ce
(1)															
(2)															
(3)										•					
(4)					_										
(2) (3) (4) (5) (6)				1											
(6)												-	-		
(7)															

(8) (9) (10)

•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
					Yes	No
(1)						
_(2)						<u> </u>
_(3)	<u> </u>					—
_(4)						<del>                                     </del>
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<u>(6)</u>						+
(7) (8)		<del></del>		<del></del>		<del>                                     </del>
(9)						
(10)					_	1
Part V	Supplemental Information Provide additional information	n for responses to questions o	on Schedule L (see i	nstructions).		
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# **SCHEDULE N**

(Form 990 or 990-EZ)

**DUBS ETC INC** Part I

Name of the organization Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Inspectión	Employer Identification number	54-1974669
Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line

Become a director or trustee of a successor or transferee organization?

**b** Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part IIII

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

Schedule N (Form 990 or 990-EZ) (2013)

Yes

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Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
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answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ. line 36 Part It can be duplicated if additional space is needed generated and settles of recepent and settles and destruction assets of the common part of the c
Sale, Kradinge, Linsposition, or Curren Tailstate or winder and above to the Organization and antered "Yea's to Form 990, Part V, Ilm 32, or Form 990-EZ. Ilm 36 Part II can be duplicated if additional space is needed definitional space is needed of the organization definition of undependent contractor for, a successor or transferee organization?
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

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

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

▶ 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.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

**DUBS ETC INC** 54-1974669 Form 990-EZ, Part I, Line 8, Other Revenue The Network Members Only Hand Craft 317 Form 990-EZ, Part I, Line 16, Other Expenses Travel 3,671 Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment: 846 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 1,462 Form 990-EZ, Part I, Line 16, Other Expenses Telephone: 1,658 Form 990-EZ, Part I, Line 16, Other Expenses License and Permits DMV 1,687 Form 990-EZ, Part I, Line 16, Other Expenses Medical 566 Form 990-EZ, Part I, Line 16, Other Expenses: Office Supplies: 851 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 653 Form 990-EZ, Part I, Line 20, Net Assets: sold Fork lift under fair market value -957 Form 990-EZ, Part II, Line 24, Other Assets Truck and trailer, computer, office equipment. Beginning of year 57,702, End of year 55,389 Form 990-EZ, Part II, Line 26, Liabilities Beginning of year. 40,094, End of year: 40,094 Form 990-EZ, Part V, Line 36. Sold fork lift

## DUBS ETC INC

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

			ſ					_	
	•		•				Description of	Basis Method	
								Depreciation	826
expenses	0	0	374	Expense	of sale and	cost of	improve-	ments	
basis and					her basis	field only)	Donated	value	
S	0	0	374		Cost or ot	(Enter one		Cost	1,200
sale							Gross sales	price	374
	Securities	Securities	Other sales				Date	plos	12/12/2013
	Total Public	I Non-Public	Total (			-	Acquisition	method	
		Tota	1	-			Date	acquired	3/12/2003
			1					Purchaser	Cullet Recycling
					Check If	purchaser	is a	pusiness	×
			,	Check If	gain/loss is	from sale of	non public	securities	
				Check If	gain/loss is	from sale	of public	securities	
								Description	1 Fork lift
	sales basis and expenses	0	sales 0	sales         basis and expense           0         0           0         0           374         374	sales         basis and expense           0         0           0         0           374         Expen	Total Public Securities  Total Non-Public Securities  Total Other sales  Check if  Che	Total Public Securities  Total Non-Public Securities  Total Other sales  Cost or other basis of sale:  (Expen	Total Public Securities	Total Public Securities